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Ethical complaints. Towards a best practice for Psychotherapy and Counselling Organisations.

Anne Rogers

Middlesex University and Metanoia Institute

Doctor in Psychotherapy by Professional Studies

2013

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Table of Contents

Abstract

In this research I review the experiences of people who have made complaints against their therapists and of therapists who have received such complaints. These are complaints which have involved ethical contraventions and boundary violations and have been addressed by either the British Association for Counselling & Psychotherapy, the United Kingdom Council for Psychotherapy or the British Psychoanalytic Council. As far as I can ascertain there has been no published research into such experiences. Alongside this I review the experiences of members of Ethics Committees who make decisions about complaints.

I briefly review with the complainant and therapist the processes leading up to the complaint; then in more detail the therapist's response to the complainant; any support received; the experience of the tribunal and the aftermath of this. I have not had the opportunity to interview both therapist and complainant involved in the same complaint.

Ethical issues of sensitivity, a non-intrusive approach and confidentiality and anonymity were of paramount importance throughout the research. At all times I endeavour to involve interviewees in the process and to ensure that they gave their informed consent to anything written. The focus throughout is on the participants' experience. Interviews with both complainants and respondents employed a partially guided storytelling, narrative approach which allowed for rich and evocative storytelling.

A number of recurring issues are highlighted. The interviews exposed wide differences between the reality experienced and the expectations which therapists had of the support that organisations were prepared to offer. Therapists and complainants were often unprepared for, and shocked by, the quasi-legalism of the complaints process and the lack of any process of alternative dispute resolution. An analysis of complaints showed differences between the numbers and types of complaints made to male and female therapists.

Chairs of Ethics Committees from different modalities in UKCP and BPC whom I interviewed regarding their experiences of handling complaints often expressed anxiety and at times frustration at the confines of the written complaints procedures. Issues around confidentiality often lead to secrecy and feelings of isolation. Provisions for ethics training within the organisations' are explored alongside any provisions for learning from the experiences of complaints. Research showed there was a very wide range of such provision.

To set these experiences within a wider context a review of complaints received by other organisations; the General Medical Council, Health Professions Council and the Office of the Independent Adjudicator [Universities] is presented.

By focusing attention on the human aspect of therapy breakdown I hope that this research will influence the way complaints are handled and, where appropriate, initiate changes in procedures.

"And indeed there will be time

To wonder, Do I Dare, and 'Do I dare?'

Time to turn back and descend the stair,.....

Do I dare

Disturb the Universe?

In a minute there is time

For decisions and revisions which a minute

will reverse."[1]

[1] Do I Dare Disturb the Universe – a tribute to Wilfred Bion edited by James Grotstein. Karnac [1981]
The title of the book came from a reoccurring phrase in T.S Eliot's poem The Love Song of J. Alfred Prufrock.

Introduction

One answer to the possible question, 'Why are you doing this research?' is to relate some of my own professional involvement and interest in complaints; my own story.

I became very aware of issues around ethical dilemmas, boundaries, and the relaxation of boundaries very early in my career as a psychotherapist. I had had a year's secondment from the school where I was pastoral Head of Year onto a counselling course. The course was geared towards training for school counsellors. It was one of the very early courses; it was eclectic, bringing together a number of different philosophies and ways of working. At the same time I was becoming increasingly interested in feminist issues and values. The course, my reading and my own individual therapy, introduced me to issues I had never previously thought about. It was a completely new experience, exciting but very painful at times.

Two years after the completion of the counselling course I left teaching and enrolled on a psychotherapy course with an organisation that had had close contacts with the course I had just completed. At that time I did not know of any other courses available. I began a degree in developmental psychology with the Open University and went to work in the acute psychiatric unit at the local hospital. The psychotherapy training organisation, while basically psychoanalytic, had been part of the movement in the 60's and '70s that had sought to embrace and include some of the New Therapies coming from the United States, Gestalt, Transactional Analysis and a number of body therapies. Several such psychotherapy organisations were newly formed around that time as a result of splits and divisions within the older existing organisations[2]. They were pioneering and were part of a movement away from what was perceived as the rigidity of the psychoanalytic model and a move towards a more humanistic position without losing their psychoanalytic foundation. These were movements that reflected the general social trends and changes of the '60s: an endeavour to break away from the more rigid norms and restrictions of the past. It was a time of movements in society towards feminism, post modernism and post structuralism. This was the era of Fritz Perles, Laing, Goffman, Berne, Szasz, Janov and many others, pioneers, all challenging the status quo of the psychoanalytic societies, all mavericks. Within these new therapies the boundaries with regard to personal and professional life were often rather blurred, particularly in regard to sexuality. [Russell 1993]

[2] Notably the three way split of the Association of Psychotherapists

In 1980 this training organisation had only a basic Code of Ethics and no complaints procedure. It is possible that many psychotherapy organisations at that time had no clearly formulated complaints procedure. There was no Ethics Committee and no obvious ethics training.

I was in the final year of my basic psychotherapy training when a serious complaint was made against a senior therapist in the organisation. This was a person who was therapist, supervisor or tutor to many of the students. The complaint was of abuse and would nowadays be termed as one involving 'fitness to practice'. It was not denied nor defended. There was no hearing as such, his membership of the organisation was terminated and he was no longer allowed to teach on the course. The Training Committee had been newly formed and had, as yet, little authority, in consequence it did not bar him as a training therapist or supervisor.

The complaint split the organisation with severe polarisation. Many qualified therapists left the organisation in protest. Some members even blamed the complainant, the 'victim' [Ryan 1971]. She should not, so they said, have complained; some even questioned as to whether the behaviour in question was even cause for complaint; comments were made to the effect that the complainant should have kept quiet, should not have complained; even that she should have known better than to have got involved. There was considerable support and protection of the therapist involved alongside the denunciation.

Gabbard [2001] twenty years later in a paper 'Speaking the Unspeakable' comments

'A boundary transgression by a training analyst tends to poison the well for us all'.

Ramifications of this complaint spread into all aspects of the organisation and lasted many years and affected many of our lives. When Michael Carroll [2010] spoke in a Professional Knowledge seminar about organisations being in 'survival mode' this gave a name and a context within which to think afresh about those years. 'Survival mode is a place', he said, 'of retreat when in danger, physical, psychological or spiritual; when key figures are not reliable and supportive'. As an organisation we were, I believe in such a place, the foundations of the organisation had been shaken. The response of an organisation in survival mode is said to be fight or flight, freeze or fragment. All these aspects were recognisable. While working on this research I came upon a paper by Elizabeth Wallace, [2007] in which she describes her experience of losing her analyst for ethical violations elsewhere. She describes the reaction of her training organisation in very similar terms to those I experienced all those years earlier.

About four years after the complaint a new head of training was appointed, and I became the Clinical Manager responsible for assessments and referrals. It was a period of intense activity, we worked very very hard in our different ways, [all without payment] to keep the organisation

alive. We did bring order and as a consequence the ethos of the organisation changed. During this period the United Kingdom Council for Psychotherapy [UKCP] developed out of the Rugby Conference and organisations clustered in specific sections according to orientation. As a consequence the organisation chose to become more strictly psychoanalytic. This is a frequently occurring phenomenon, during hard times, in times of unrest and uncertainty there is often a movement away from a more relaxed, experimental position towards a more rigid organisation. The move towards professionalism and regulation had begun throughout the whole organisation.

There is no doubt that a lot of very good creative work was done. And yet looking back on it all it was perhaps in reality too often an attempt to bring external control to what was in effect an internal chaos which could not at the time be addressed. It was – to an extent - a manic activity, a defence against an inner depression and innumerable losses. Several attempts were made to reconcile the various factions in the organisation, outsider therapists came in to run large groups but I felt none was really successful. Anxiety and fear were never far below the surface. No one dared to speak out or to risk disturbing the organisation any further.

In the early 90s I was asked, through the assessment programme, to see someone whom I discovered wanted to talk over concerns about her therapy. This was something new to me and totally unexpected. The woman and I spent the time together exploring some of the issues at stake. I was very anxious, nothing like this had been done before in our organisation and I was not sure how it would be received by the other members of the Clinical Committee, many of whom were officers in the organisation. At the time, such was my fear of 'getting it wrong' in the eye of my colleagues that this seemed me to be dangerous ground. A week later the therapist also asked to see me. Now this was really something new, we had no procedure in place to deal with such a situation. We had no concept of a mediation process. The patient did eventually lodge a complaint and there was a formal hearing, the first ever heard by the organisation[3]. I believe if we had had some other process, some concept of mediation this hearing could have been avoided.

As I look back now I realise what a missed opportunity this was, an opportunity to develop mediation as a way of working with people experiencing difficulties in their therapy. If only I, or we, had been brave enough, forward thinking enough, to develop this way of working with concerns before they became complaints. But it was too early, neither I nor the organisation was

[3] This was not a case relating to fitness to practice.

ready for a development of this sort. I did not feel secure enough within the organisation, even within my own committee, to pursue the idea. It was all so unexpected and I did not at that time dare to disturb the situation in which I worked. Discussion about concerns or mediation was not considered an option within the complaints procedure as it had been developed at that stage.

In the process of this research I discovered the work of Sue Elkind [1992] in the US who worked with both patient and therapist in times of impasse and conflict, often soothing the way towards resolution. These ideas were not available to me at the time I was hearing that complaint. Now a number of therapy and counselling organisations offer opportunities for those who are worried about elements in their therapy to talk through their concerns with a therapist before making a complaint or even going forward for mediation.

Two years after this event I was asked to Chair a Complaints Tribunal, the second complaint received by the organisation. The complaint was accepted on the phone before even the details had been received. The person complained about was a trainee, but the complainant was not one of his recognised training patients. I was told to choose my own panel for a hearing from the associate members. I had had no special training.

Throughout the whole process I felt completely unsupported by the organisation, isolated, and alone. We, the panel, struggled. I took this struggle into my therapy and supervision but with no real relief. My anxiety was not understood. So why did I agree to take it on? What was it that was so painful? I have wondered about this many times. I agreed to chair the Hearing out of ignorance of what was really involved on a professional or personal level. I was pleased to be asked, to be involved, my own narcissism around my need to be included. I did not realise the consequences of having no properly established procedure for dealing with complaints nor had the confidence to deal with the complaint less formally. Neither did I realise the long reaching effect this experience would have on me. It is likely that if I had not agreed to take on this case I would not be doing this research.

We [the panel] felt very concerned about the behaviour of the therapist and the way he had ended the therapy. We just didn't know how to address the situation within the parameters of the organisation's Code of Ethics and complaints procedure, and we did not dare go beyond them. We were not aware of any sanctions we could use other than termination of membership and could not invent them. The fact that the trainee had been seeing this client outside his regular supervised work was not one we felt should involve the client and could not, so we thought, be mentioned at the hearing. To an extent our hands were tied by the limitations of the

system but also in our, in my, hesitation and fear of expanding the system. I went over and over the notes of the previous case, hoping for inspiration, or at least guidance.

I feared a complaint against the organisation would be made to UKCP, which had not long been formed. I scrupulously wrote notes of everything I did, there was a fear that the organisation would be blamed and I would be responsible. After it was all over I was left with the feeling that I, we all, had let the complainant down, she had deserved better. In mitigation we, as a panel, had also been poorly supported and advised.

One issue that especially concerned me was the trainee's use, in his defence, of what was supposedly the confidential material of the therapy which I considered was used to denigrate the patient, her complaint and anything she might say. This issue has always disturbed me. A patient makes a complaint against a therapist[4], it seemed that once that was done they waived all right to any confidentiality regarding their material. That did not seem right to me.

Both the British Association for Counselling and Psychotherapy [BACP] and the British Psychoanalytic Council [BPC] make explicit that once a complaint has been made the therapist is released from the rule of confidentiality. A clause to this effect [at my insistence] has been inserted into the new UKCP Complaints and Concerns Process [CCP]. Nevertheless all organisations state that only material relevant to the defence should be used. Thinking about the above situation of the hearing yet again, I realise that it was the way the therapy material was used to denigrate the patient and anything she might say that was so disturbing. Her privacy had been invaded.

After this disturbing experience I became immersed in activity once again. I became an ad hoc advisor to the committee[5] involved in formulating a complaints policy. I looked at other organisations' complaints processes. I advocated the Social Services model of seeking a resolution of the dispute before considering a formal hearing. I talked with solicitors and several changes began to take place as a result of my investigations, particularly ones regarding the organisation's responsibility for trainees' case load. The organisation would only be responsible for complaints against trainees where the patient was an official training patient and supervised by their recognised supervisor – of course this was hard on any patient who might have been taken on unofficially, but it was the beginning of the regularisation of trainee's clinical work. Complaints could not be accepted over the phone and the idea of a pre-hearing panel began to be established. Some recognition of boundaries and affinity was also established in terms of

[4] The term 'therapist' is used to cover either counsellor or therapist. The terms 'patient' or 'client' are used according to context.

[5] Not yet designated an Ethics Committee

trying to ensure that panels consisted of people not intimately connected with the respondent. It was a small organisation and this is not easy where there are always some degrees of affinity in terms of training, supervision or therapy.

While doing this research I asked one of the members of that panel if he would be willing for us to explore together our thoughts and feelings about that complaint, but he could not remember much about it. It had not impacted on him in the same way as it had touched me to the extent that I am now doing this research.

I continued my interest in ethics and boundaries and became one of the founder members of the British Association of Psychoanalytic and Psychodynamic Supervisors' [BAPPS] Ethics Committee. I remember the many times we would meet trying to understand the possible role of ethics in an association of supervisors. We were still in that undifferentiated state of not knowing, not being able to put thoughts into words. What did it mean to work ethically when supervising, what was the role of an Ethics Committee? In his Key Note speech at one UKCP Ethics Conference, Andrew Samuels challenged us to make the Ethics Committee the centre of each organisation. But what did that mean? What did that involve? How were we to do this? We were asked to revise our complaints procedure in line with that of UKCP for the quinquennial review[6]. Here was something practical to do and we got caught up in this. We kept it in line but promised ourselves we would go back later and try to humanise it. The procedure had become so legalistic, but how to change it? Cooper & Rowan [1999, p.2] speak precisely of this dilemma –although in a slightly different context - when they write that finding 'a way of embracing contemporary critical thinking without losing the human being in the process' is a present day major challenge for psychologists, psychotherapists and counsellors. This was true when trying to rewrite the complaints process. We were writing these procedures and yet we were, as it were, standing on the outside, we did not know what it was like to be caught up in such a process. I was acutely aware of this when I read through the Information Commissioner's Office [ICO] Complaints Procedure commissioned by UKCP. It felt distant, legalistic and uninvolved. It was never used.

I don't remember clearly when I first began to think about the possibility of doing some sort of research into the experience of people involved in complaints. The idea was tentative to begin with. I was out of mainstream research institutions; I had by now ceased teaching and supervising and was thinking of retirement. Even if I wanted to do it, how would it be possible? Jonathan Coe at Witness thought the research was a good idea, something worth doing but like

[6] A review similar to an Ofsted.

myself did not see how it could be done. I became a member of the UKCP Ethics Committee, they had appealed for new members and from there I became a member of the Professional Conduct Committee assessing appeals. I saw the Metanoia advert and applied; now there was a way that such research might be possible.

This has been a long story; it has covered most of the whole thirty years of my psychotherapeutic working life and explains just something of the background of how I have become involved in this area of ethics and complaints. The research is something that, I feel, needs to be done. There have been a number of people who have written about abuse in therapy and a few people have written about the effects of therapy breakdown on patients. Anne Kearns in her doctorate explored the experiences of a number of therapists who had received complaints, but not complainants and as far as I know no one has extensively explored the experiences of people who have heard these complaints[7]. There is still a huge gap in the literature and more importantly a gap in the understanding of the experiences of those involved in therapy breakdown, abuse and complaints.

Doing this research has been for me a long journey; it has filled so much of my thinking, my very being. I begin to realise something of what is meant when I took unto myself that dedication to Wilfred Bion – do I dare disturb this universe into which I have ventured. Do I dare write of my experience?

Research.

In this research I propose to situate the stories firmly within the cultural and social context of the various complaints systems, and within the wider cultural context. I propose to expose [some] areas that have remained hidden, to explore the environment into which the interviewees have been catapulted and to suggest possible ways forward. I have tried to place individual experiences within a wider context of the structure of organisations that deal with these complaints and to put into some sort of perspective numbers and types of complaints. I include the statistical piece of research- setting the scene - as I am mindful of the importance of knowing something of trends and types of complaints which have been made and to highlight possible vulnerable therapists and areas or modes of working on the basis that without a knowledge of what has gone on before, history, there can be no learning from experience.

[7] See the literature review chapter one.

Chapter one Literature review

1.1 The development of an ethical attitude

The individual has a right, indeed it is his duty, to set up and apply his own standard of value. In the last resort ethics are the concern of the individual. [Jung 1928]

Ethics provide a moral lens that brings critical issues into sharper focus [Bond 2007]

Ethics was not part of *my* psychotherapy training curriculum. But as Gabbard [1995, p. 81] clearly points out, concern for ethics did not figure strongly in the early history of psychoanalysis when there were many instances of boundary violations and sexual abuse. Early practitioners struggled with concepts such as transference and countertransference, not understanding what was happening as their own unconscious feelings and desires got entangled with those of their patients [ibid p. 69]. Situations that are now often termed therapy enactments.

Patient confidentiality as we think of it today was almost an unknown in the early days of psychoanalysis; analysands edited their analyst's books and memoirs[8]; case material was discussed with colleagues and even with the husbands or wives of the analysand, while both Freud and Klein analysed their own children. Jung's quite intimate relationship with Sabina Spielrein raises many questions as to the ethics of his behaviour.

Little of the above behaviour would be considered acceptable today.

Freud is reported as saying...

'Ethics are remote from me... I do not break my head very much about good and evil, but I have found little that is 'good' about them.....if we are to talk about ethics, I subscribe to a high ideal from which most of the human beings I have come across depart most lamentably...' [9]

.....and Freud and Jung appeared to blame female patients for any transgressions of analysts.

[8] Masud Khan was both Winnicott's analysand and his secretary and editor on many occasions. Ernest Jones and Strachey, both analysands of Freud translated and edited his work. Brett Kahr coined the phrase 'Secretarial Neurosis – patients turned into secretaries' quoted in Boynton [2002].Paula Heinman was both an analysand and a close colleague and collaborator of Melanie Klein.

[9] Letter to Pfister quoted in Roazen, [1975] Freud and his Followers, N. Y. Knopf , quoted by Gabbard [p81]

'The way these women manage to charm us with every conceivable psychic perfection until they have attained their purpose is one of nature's greatest spectacles' McGuire [1974, p. 231] cited by Gabbard [1995, p. 81]

Gabbard [1995, p.82] suggests a cynical view might be that Freud was so interested in the advancement of psychoanalysis as a clinical and scientific endeavour that it superseded a consideration of ethics, understanding or humanity although Freud *is* said to have expressed some concern about the behaviour of some of his more extreme disciples particularly Ferenczi and Jones. Gabbard [ibid p.85] draws our attention to the fact that in New York in 1941 when a prominent member of the Psychoanalytic Association was accused of unethical behaviour, he threatened to sue every member of the Association who voted against him. He was supported by the President of the American Psychoanalytic Association thus:-

..... The bringing of a patient to a scientific organisation to give evidence against a physician is one of the most dangerous and vicious precedents that I can think of and violates all medical precedents. [Faulkner & Pruitt 1988 cited by Gabbard 1995 p]

The idea of professional boundaries is relatively recent to psychoanalytic practice, [Gabbard 1995 p69] In the early days of trial and error there were many major boundary transgressions. In those early days patients made few complaints about abuse of any kind, not only were there no procedures for doing so but complainants were often ignored or reviled and threatened. Gabbard [2001] who spent many years investigating boundary violations within organisations commented that [even] he was surprised by the high level of tolerance he discovered. In their research on institutional reactions to boundary violation by training analysts in America Gabbard & Peltz [2001] commented on

'the astonishing high tolerance within some institutes for sexual misconduct by training analysts..... a sense of paralysis and helplessness swept over education committees and ethics committees ... Few institutes even had Ethics Committees'.

Gabbard makes the point that those who do not study the history of boundary violations risk re-enacting them with their own patients. He paraphrases Santayana

'Repetition is the only form of permanence that nature can achieve'[10].

[10] George Santayana 1863 – 1952 source of quotation unknown

Without acknowledgement and understanding repetition is inevitable. Without adequate record keeping and research repetition is inevitable.

The Gabbard & Peltz paper [2001] explored the institutional reactions to boundary violations. They write of the 'extraordinary resistance to recognising such transgressions within the institutes themselves' [p. 665] and the high tolerance levels of misconduct of training analysts, historically the institutes tending to protect the training analyst at the expense of the victim.

Masson [1989, p. 46] considered 'blaming the victim' to be a hallmark of psychotherapy. He is suggesting that the values of psychotherapy deflect a person from deep reflection on the sources of human misery. Blaming the victim had been the title of Ryan's book [1971] in which he exposed the way the poor and especially poor blacks were often blamed for their state and condition with little regard to the real causes of their destitution, the inequality of American society. Dorothy Rowe in the forward to Masson's book states 'Masson was a trouble maker. Every one of his books was written to create trouble'. To challenge, can too often be designated trouble. It has often been the brave few who have challenged. Whistle-blowers, for Masson might be considered as such, are often reviled and ignored. The psychoanalytic community completely rejected Masson and his work – he was designated a traitor to his profession. [Rowe 1989, p 7] He has long since ceased to work as a psychoanalyst.

In spite of difficulties encountered in such research there were many papers published on boundary issues and enactments in psychotherapy, including those by [Boesky 1982; Rutter 1991; Chused 1991; Russell 1993; Gabbard 1994, 1996; Garrett 1998, 2001; Foehl 2003; Ceccarelli 2005; Pope 1992, 2001, 2008]

Solomon and Twyman's [2003] collection of papers on the Ethical Attitude explores, from an psychoanalytic stance, some of the difficulties encountered in developing such an attitude. Fiona Palmer Barnes, in the above collection, explores the dilemma of defining a common ethical attitude while allowing for individuality of practice. [2003 p39] This is an issue that occurs many times when exploring the experiences of making or receiving a complaint. How to distinguish between ethics, 'as reflecting personal values, and morality, as reflecting societal values, how to find some middle way' is a question, she asks. In her paper she addresses three important issues, [p41] namely – the personal ethical position which underpins analytical work: the ethos of analytical organisations and their failure to distinguish between statements of ethical principle and codes of practice: and the professional and public pressure exerted upon analysts to practice ethically.

This is a book to start us questioning our own ethics and values.

Bond's [1993] book on Standards and Ethics for Counsellors in Action, in contrast to the above, was intended to be a practical guide for counsellors. [page 1] In it he explores the thorny issue of sex with former clients. The 1992 British Association for Counselling [BAC] AGM passed an amendment [S.2.2.6] stipulating that counsellors should not have sex with a client for at least 12 weeks after the end of the counselling relationship but Bond [ibid] suggests that if the relationship has been over an extended time perhaps a lifetime prohibition on such activity would be more appropriate. Bond goes on to state that this should be no more than an interim policy statement to allow further discussion. He acknowledges that one of the challenges to reaching an agreed policy divides counsellors according to their theoretical orientation.

This was written nearly 20 years ago, it was in the first edition and there have been seven editions of the book since then. But what is significant is that this same issue is still being debated. Therapists are still divided in their attitude, mainly along theoretical orientation lines; the psychoanalysts mostly considering that 'once a patient, always a patient', while the humanistic organisations tend to have a more relaxed attitude to this. All agree that sexual relations with an on-going patient are unethical. UKCP has struggled as to how to approach this issue which will become particularly important when complaints are heard by a central body rather than in the individual Organisation Members with their own particular codes of conduct. Opinions often run high, with accusations abounding.

Totton [2001] considers that psychotherapy has taken a wrong road in the dealing with conflicts between therapist and client, saddling themselves with assumptions and structures that are of benefit to neither. He suggests that organisations have failed to address their own anxieties and have chosen instead to project them outwards. He argues that the present systems for dealing with therapist-client conflict are disastrous and attributes this mainly to the on-going process of professionalism and regulation, and that it is a false belief that professionalism will protect the public from incompetent or dangerous practitioners. As he points out there is plenty of evidence within 'well regulated' medical and legal professions of abusive practice to show that this does not happen. What the present system so often prevents, he says, is an opportunity for the therapist to say 'sorry', few practitioners dare to admit error, 'How can they' he continues, when it will be taken as an admission of guilt.

1.2 Research on the incidence of boundary violations

I first read Peter Rutter's book Sex in the Forbidden Zone [1991] soon after it was first published. I discovered it by chance on the library shelf in my training organisation. Someone must have ordered it!

It was the first book I had encountered exploring the issue of therapy abuse, and particularly sexual abuse and it had made an impact on me, as I realised that people were writing about these issues, were expressing concern. Our organisation was still in a recovery, survival mode after a second serious complaint against the same person. At that time I was not thinking about doing any research into therapy abuse, breakdown or complaints, that was not to come until nearly two decades later. An MA on the need for perfection came first, but I remembered the book over the years.

Rutter was both a Jungian psychologist and psychiatrist; he became shocked by the realisation of the endemic nature of sexual abuse within the profession and the pervading silence and lack of complaints. It was his own personal experience and realisation of his own silence in such a situation and his secret envy of such encounters that led him into these further explorations.

Gabbard, a psychoanalyst [1989] and Pope [1992] a Psychologist, were also publishing around this time their own research on abuse in therapy. Masson [1992] and Sutherland [1987] and later Godley were writing and publishing books and articles about their own [somewhat] abusive therapy. It was a time of developing awareness.

Rutter spent seven years interviewing over one thousand women who had been sexually abused by therapists, doctors, priests and men in positions of power. Once interested in the subject, he says he started 'asking around'. [p12] He built up a network and gradually extended the research into other areas in which the women felt their trust had been abused by men in positions of authority. He makes no mention of anyone actually making a complaint.

Rutter then set out to explore and analyse some of the reasons behind such encounters. He talks of 'the enormous psychological forces' [p47] experienced by both men and women caught up in these 'forbidden-zone encounters'. He writes from a Jungian perspective and this perhaps is one reason his name does not seem to be as well known as that of Gabbard and Pope.[11] However his work is important in that he attempts to explore some of the dynamics of such encounters.

[11] He is rarely quoted in books on this subject.

He explores the power relationship between men and women [he does not explore the abuse of men by either other men or women] and such issues as the many masculine myths of the feminine; of woman's deference; women's powers of healing but also of her dark and destructive power. He emphasises throughout the book the importance of both men and women's inner fantasy lives, along with childhood experiences, in shaping their behaviour. Ever present, he suggests, is the search for healing from both parties in the encounter. He suggests that nothing will change until they find other ways to find what they are seeking.

Rutter suggests that the public silence by men against colleagues' misconduct amounts to a tacit *approval*[12] of this misconduct and that this silence is based on the envy aroused when hearing of colleague's sexual exploits. He goes on to elaborate on this contention. That hearing of such exploits raises men's hopes for themselves and that there is a vicarious gratification. Hence the silence; a silence, a resistance that is so wounding to the victims. But of course women also keep silent about colleagues supposed misconduct, often Rutter says because of a climate in which women tend to protect any abuser[13], often focussing on their own survival and afraid of the response to such a declaration, afraid of not being believed.

What of the women caught up in such encounters? Many of Rutter's interviewees were professional women, including psychologists, psychotherapists, many even considering themselves quite strong and competent, but often, he says, not aware of underlying wounds. [Wohlberg 1997] Particularly they find in the therapist someone they feel, perhaps for the first time, understands them who will bring about a healing. The wish, so often, is to be recognised for who they are, rather than who they were expected to be. Interviewees spoke of their therapists arousing an excitement and a passion for life, and the intense hope that this could be channelled into their outside life, only for it to be exploited and damaged.

Jungian theories seldom appear in counselling trainings and yet these ideas need to find a space in all counselling and therapist's trainings, they need to be discussed and explored. It *is* disturbing that men have been shown to be up to eight times as likely to receive a serious complaint than women [Khele et al 2008, 2009] The book is not an easy read for those not familiar with a Jungian way of thinking although Rutter says he has tried to put his findings in plain language. He also become rather repetitions in his use of his phrase, 'the forbidden zone' never the less he needs to be taken seriously , not least in that until some of the possible underlying causes of abuse in therapy are understood little will change.

[12] Rutter's italics.
[13] I encountered such defence in my own organisation and in my research

Rutter recounted the difficulty that a Dr Dahlberg experienced in 1970 of getting his research on the subject of boundary abuse published. 'Too hot to handle' was the verdict to his application. Difficulties are still being experienced by a number of researchers in getting their research on these topics accepted by Ethics Committees and research bodies[14]. I have found very little research on the experiences of people caught up in a complaint as either complainant or therapist. Perhaps such research is still regarded as 'too hot to handle'?

Rutter in 1991 and later Gabbard in1995 focused on the dynamics of the power relationship between men and women, but both also comment on the idea that for many women [especially perhaps those who have sought therapy] their boundaries are more permeable, less defensive about closeness than men, and thus suggesting that this is a factor in this abuse of power. This was written more than 20 years ago, would the same be said today? The testimonies of women caught up sexual abuse by their therapists and social workers [Richardson & Cunningham. 2008] would suggest much more research in this area is necessary.

Much of the American research has focused on sexual irregularities. However Gabbard [1995 p.122] does have one chapter on non-sexual violations; he quotes several researchers who have published on this subject. Most of this literature, he says, evolved from his study of sexual exploitation. He considers that cases of nonsexual boundary violations occur mainly through transference-countertransference enactments. Mann & Cunningham [2009] explore further this issue of therapy enactments and trauma. Mann, [p 8] having extensively reviewed some of the literature on the subject of enactments, suggests that enactments occur as 'patient and therapist unconsciously find expression in the other for their own difficulties'

During the years following Gabbard's research there were many other papers written by psychoanalysts on the subject of boundary violations [Gaddini 1982; Chessick 1992; Gabbard 1994, 1995; Gutheil & Gabbard 1998; Gabbard & Peltz 2001; Foehel 2003; Celenza & Gabbard 2003; Ceccarelli 2005]. These papers look at issues of transference, counter transference and enactments and are concerned [mainly] with the dynamics of the issue rather than specifically the issue of complaints. Often the focus is on the therapist rather than the patient, and never on the experiences of making a complaint.

Pope [1992, 1993, 2001, 2005, 2008] researched extensively on this subject of abuse in therapy exploring the background of psychologists in relation to abuse; the quality of the training they felt they had received in relation to abuse, and their own behaviour. He conducted one survey on the Therapist as Patient – asking therapists for their experience of therapy training and a self-

[14] My own included – see my own reflection on doing a doctorate.

rating of their own behaviour in relation to abuse and competence in working with abuse by others. In a paper written as a guide for attorneys and therapists he writes of a therapist- patient-sex syndrome listing major damaging aspects of the relationship. [Pope 2005]

It is recognised that many cases of abuse and therapy breakdown go unreported. A research project by Parson J. L. & Wincze J.P. [1995], a survey of client therapist sexual involvement in Rhode Island as reported by subsequent treating therapists, suggested that as many as 37.1% such instances go unreported. Owing to the source of this information the number inevitably will be higher as many patients involved in an abusive therapy might probably decide not to pursue further therapy.

Russell 's [1993] book 'Out of Bounds' comes out of her work as a tutor and researcher on sexuality and abuse. She covers issues such as power, the effect on clients and the difficulties they often encountered in any subsequent therapy. These were all issues that arose in my own research. Russell also comments on the fact that little research has been done in Britain. In her own research on sexual exploitation in counselling and therapy she devoted a chapter to the effects on clients of therapy abuse. The main issues identified, which were similar to those identified by Pope [1993] and Richardson & Cunningham [2008] are those of at first feeling special, then a betrayal of trust, -which might have an effect on the client's ability to trust anyone else, - possible feelings of guilt, shame, anger, frustration and helplessness. Russell [ibid p.77] is interested in the position of power within the therapeutic relationship, she, as did Rutter, makes the point that it is the abuse of power that is important and that sexual abuse is more often thought of as an abuse of power rather than one involving sexuality.

Casemore [2001 p 113] quotes Deborah Lott [1999] who draws our attention away from the subject of sexual abuse, so often researched, to the more subtle boundary dilemmas that confound both client and therapists. Acts intended as kindness, for example, that are experienced in a different way to that intended, which lead to serious breaches of therapeutic boundaries.

Totton [2001 p102] suggests that a complaint is 'therapy conducted by other means'. The client feels that they have exhausted all means of asserting their own reality within the therapeutic space, their appeal is for another point of view beside their own and that of their therapist. In his personal communications[15] with complainants he says ' I have not encountered *one person* who was even broadly satisfied with how a complaint was handled' [ibid p100]

[15] Totton makes the point that it was not based on research evidence.

The year before I came to Metanoia to begin my research into complaints Anne Kearns had published her book the Mirror Crack'd as part of her doctorate research on complaints against therapists. Although several people I met spoke of her research I neither read her doctoral project nor the book until after I had submitted my first Learning Agreement. I later made attempts to contact her but to no avail. Once I had read her book I realised that we each had a different approach to the project. I was considering a more holistic approach, interviewing both therapists and complainants from many different trainings and orientations and modalities while Kearns had focused on humanistic therapists' experience only.

Kearns subtitled her book 'When good enough therapy goes wrong and other cautionary tales for Humanistic Practitioners'. A title, I thought, rather reminiscent of nineteenth century moral tales for children! She, herself contributed three of the chapters and co-wrote two others – over half the book.

These cautionary tales, as she called them, were primarily meant as a wake up call for humanistic therapists to take seriously the climate in which they work – a climate in which, she considered, people are more inclined to make complaints. It was a call for therapists to be aware of their organisation's ethics' codes and complaints procedures and to become more politically active.

Her contention throughout the book is that humanistic trainings do not prepare students well enough for the task ahead. That too often they disregard issues such as the transference and countertransference. Thus therapists too often find themselves caught within painful enactments where both therapist and client get entangled in unconscious emotions from the past.

For the research Kearns talked to many therapists, mostly all participants on the humanistic training course she ran, some of whom had received complaints and she interviewed for the actual research project a number of therapists in more depth about their experiences. For most of her interviewees she would have had a dual role of trainer and interviewer.

Kearns' own experience and through talking to therapists who had received complaints led her to the conclusion that entering a quasi-legalistic process of a complaint served neither therapist nor client, both were often traumatised by the experience. This had also been my own experience when interviewing both therapists and complainants. However Kearns also comments that she heard of complainants who wanted more than an apology, people who wanted sanctions imposed, wanted the therapist punished or 'struck off'. In contrast most of the complainants I interviewed were seeking an apology; seeking to understand what went wrong, although a number of them did say that they thought the therapist should not be working.

Throughout the book and the research Kearns maintains that the BACP and UKCP – she never mentions BPC – in their aim to protect and be seen to protect the public, [p121] have lost sight of the need to support and protect their members, and that members' vulnerability is not taken into consideration [p122]. In this respect she is particularly condemning of the BACP procedure of publishing details of upheld complaints, suggesting that this 'invites voyeurism and defensiveness rather than reflective learning' [p120]. She is not alone in this opinion, it was one voiced by many of my interviewees and many of the colleagues I consulted in the process of my research.

Support for members, however, is more difficult in organisations such as BACP when the organisation itself is the legislating power and judge and jury, an organisation that at present does not offer mediation, although they are considering it. Hopefully the BPC model of centralised complaints and the new UKCP Central Complaints Procedures will separate the roles and allow the individual organisations to find ways to support their members and their clients, preferably before a complaint is made, or taken up, once they no longer have to hear the complaint.

Kearns writes of Humanistic trainings failing students and she writes in her doctorate of ways of protecting therapists, more support etc, but I thought she did not really address the problems around developing a deeper ethical awareness among students and therapists nor of differentiating areas and types of complaints. However it was only paper I discovered that explored some of the experiences of therapists receiving a complaint, and in that sense it was a pioneer.

1.3 Patients' accounts of their own abusive therapy.

The interactive aspect of psychotherapy - of therapist and client - is often emphasised and yet relatively few patients, compared with the number of case studies published by therapists, have written accounts of their own therapy. The motivation for such reporting would be very interesting to explore.

Cardinal [1984] wrote a fictionalised account of her therapy with an unnamed analyst, while Little [1981], herself an analyst, wrote of her analysis with Winnicott, both analyses considered by the authors as successful. Catherine Cabot Rush kept a diary of her therapy with both Jung and Toni Wolf [Reid 2001 cited in Morley 2007] and after her death her daughter published her mother's story. Rush would see both Jung and Wolf and also became friendly with Emma Jung, a situation that would be considered somewhat unorthodox nowadays.

Four of Freud's patients wrote of their therapy with him but the only account I am aware of written by both analyst and patient is that of Freud and the patient he called Wolf-man, Sergei Pankejeff. There was a considerable gap in each of their understanding and interpretation of the material presented and eventually Pankejeff rejected Freud's interpretation of the dream, from which Freud had taken the pseudonym wolf-man. [Obholzer 1982; Morley 2007]

Several people who wrote publicly about their abusive therapy did not actually make complaints [Sutherland 1987; Masson 1984; Godley 2001]. Masson [1989] wrote of his disillusionment with the psychoanalytic process and an account of his very irregular analysis with a Dr Schiffer. After the publication of his book 'The Assault on Truth' [1984] in which he argued that therapy in itself was an abuse, and that because of the power invested in it could be little else, Masson's contract with the Freud archive was acrimoniously terminated. [Morley 2007]. Masson [1989] suggests that questioning and difference of opinion could not be tolerated in the psychoanalytic world. [Rutter, 1991; Russell, 1993; Totton, 2001] and many others emphasise the imbalance of power within the therapist and patient relationship.

Many concerns were voiced within the Psychoanalytic Society with regard to the behaviour of Masud Khan but no official complaint was made – or at least taken up. It was not until the publication of When Spring Comes [UK pub 1988], The Long Wait [US pub 1989] in which Khan expressed some of his anti-Semitic views that his membership was terminated [Cooper 1993; Willoughby 2005; Hopkins 2006]. Boynton [2002] considered that Khan frightened the Psychoanalytic Society, that they were fearful of what he knew and what he could do; no one was prepared to speak against him. After Godley [2001] published an account of his therapy with Khan in the London Review, Boynton reported that the Psycho-analytic Society was shocked into introducing the possibility of third party complaints when there was more than one complainant. This was perhaps the catalyst for other organisations that are also considering how to deal with third party complaints. This is still a difficult grey area, especially when complainants seek to remain anonymous

'Broken Boundaries' [2008], published by Witness[16] contains accounts by a number of women of their abuse by doctors or counsellors, only two of the women felt able to write under their own name. They wrote about their experiences of the therapy and difficulties in trying to bring a complaint against therapists, social workers and doctors. They wrote of the abuse of trust, and of feelings of abandonment. Melanie Cunningham gives a harrowing account of abuse by her

[16] Witness formally Popan, was a therapy organisation set up to help people abused in therapy. They eventually lost their grant and closed. Jonathan Coe founder of Witness is now a director of The Clinic for Boundaries Studies providing fee paying courses for clinicians and main stream health professionals, mainly doctors. The service offered to those seeking help with possible complaints has been very severely curtailed as a result.

GP and the subsequent case she brought against him to the GMC. Her allegations were described as 'fantasy and nonsense' by the defence. After a hearing lasting two weeks the GP was acquitted due to 'insufficient evidence'. The GP was not suspended and there was no appeal process.

There has been so little research on the experience of people actually involved in complaints or into the actual working of the various complaints processes from the participants' standpoint. There is a gap in the literature and more importantly a gap in the understanding of the experiences of the people involved.

There are a few exceptions to the above statement; there are a number of people who have written about receiving a complaint, not many have written about the process. 'Chris'[17] [2001] writes of how difficult it was for her/him to write of her/his experience of receiving a complaint, s/he [we do not know he/his gender] started writing many times; the difficulty s/he was experiencing was said to be connected with the feelings of 'shame, fear, persecution, betrayal and anger' that had overwhelmed her/him when the complaint was first made and were still there. S/he makes the point that there are no 'winners' in the process, regardless of outcome, there is no guarantee that justice will be done. Theresa Bernier[18] [2007] also writes of her experiences of having a complaint made against her. She also writes of the feelings of shame engendered by the complaint, and Adams [2009] writes movingly of her personal experience of therapy breakdown leading to a complaint also writing of the feelings of shame engendered.

Until relatively recently little was written about shame; guilt had predominated psychoanalytic thinking. There are however three books written about different aspects of shame: Pattison [2000] writes of shame, theory, therapy and theology, Mollon [2002] on shame and jealousy and the third book on shame and sexuality [Pajaczkowska & Ward 2008] each exploring different aspects.

Wallace [2007] writes from personal experience of the trauma experienced by the loss of her analyst for ethical violations. She comments on the lack of any reports in literature from a candidate's[19] perspective. As far as I can ascertain there has been no research in this area. For Wallace this was her training analysis, not only her therapy but her training was at risk. She was informed that a 'professional review of her analyst was being conducted, and strict confidentiality was emphasised'. There was no one she could talk to about her situation; her analyst had no other candidates at the time. She felt completely isolated, split and torn between

[17] a pseudonym
[18] a pseudonym
[19] Candidates – trainee psychoanalysts

her loyalty to the institution and her analyst. She had experienced no wrong doing on his part. After the organisation announced the expulsion of the analyst and that there was no longer the need for confidentiality her training class proved very supportive; she described it as a 'good container' while the institute became for her a 'leaky container' although there was a regression in group functioning to a fight-flight group. Terms such as contaminated were frequently used. Wallace was in training, there was support from her colleagues and fellow candidates but as she said she did not know what support, if any, was available for the analyst's other patients after he had closed down his practice. Celenza and Gabbard [2003, p. 623] report that it is a quite common finding that such misconduct can occur in an otherwise ethically sound and competent practitioner. We do not know how far this might be the case.

1.4 Alternative ways of dealing with impasse.

I introduced my Learning Agreement with a quotation from Pope[20]

'*To err is human, to forgive divine.*'

and followed this with an observation of Winnicott's [1963, p. 258] that

'*We succeed by failing – failing the patient's way'.*

This theme from Winnicott has been taken up by a number of writers, for example, Field [1992] in his paper The Way of Imperfection and Bee Springwood [2007, p.126] in The Courage to be Human, in which both remind us that 'mistakes in therapy are often gifts that when accepted by both parties can move the work forward'. But, as Springwood suggests, we run a risk. We are unfortunately operating in an age of 'blame culture' [ibid p.130] the default panic button is often to rush into a complaint, even resorting to legal support if none is available from the professional organisation. Springwood's small organisation[21] has developed a programme of mediation to be used for all instances of conflict and complaint that do not appear to be a serious breach of conduct. An important early role in this programme is that of the facilitator, an experienced therapist from the organisation who provides support to anyone in the process of making a complaint to help them decide what they want to achieve and the course of action to take. Springwood makes the point that the face to face meetings with the facilitator help the complainant feel more confident when meeting with the therapist during mediation or in any complaints process [ibid p.135] The therapist could also have such a facilitator who would offer help and support throughout the process.

[20] An Essay on Criticism [1711]
[21] UK Association of Humanistic Psychology Practitioners - ukAHPP

One writer that needs a place in any consideration of complaints and mediation is Sue Nathanson Elkin [1992]. Elkin provides a consultation service for therapists and patients, working with them either singularly or together when there is a danger of breakdown of the therapeutic relationship. It seems that either party can contact her. In her introduction Elkin comments;-

A major challenge facing the profession of psychotherapy consists of finding constructive ways of including vulnerabilities of psychotherapists, without discrediting their capacity to help patients, as well as those of patients in understanding the experiences that occur within the therapeutic relationship [p3]

Her book contains many short case studies. When an impasse occurs therapists have their supervisor and colleagues to turn to for help with understanding of what is going on, the patient has no one other than, possibly, friends who are not usually in a position to offer an informed opinion. Elkin works in America; I have not found any similar account of anyone working in this way in this country. Such behaviour, seeking help from another therapist, on the part of the patient is often discouraged on the grounds that 'it breaks the transference'.

Totton [2001] considers that we have taken over models from other organisations when dealing with complaints because 'we have failed to address our own anxieties'. His aim would be for an approach to conflict which would minimise the chances of a formal complaint. He contends that what most unhappy clients want most is an apology, an acknowledgement of the hurt which has been done to them. He writes [p.102] about the healing experience of having one's experience acknowledged instead of being denied and suggests that a complaint can be regarded as

...'*therapy conducted by other means when the client feels that 'they have exhausted all means of asserting their own reality within the therapeutic space'.... 'they feel that their only means of recourse is to appeal to other points of view besides their own and their therapists'.*

He argues that

'as long as I feel there is space for my experience within therapy. I will not need to go outside it.

His organisation[22] has based its approach to client-practitioner conflict around the use of conflict resolution. [p.103]

Pope [2008] also asks 'What about Apologising? '. He comments that many people are now very wary of saying 'sorry' because of the fear that it admits liability. We are advised, for example, never to apologise at the roadside in any car accident. He asks, 'Will the apology

[22] Independent Practitioners Network [IPN]

come back to haunt us as an admission of guilt in a formal complaint? 'Research suggests that an apology can help in healing the effect of professional mistakes. [Robbennolt 2006]

An apology, recognition of hurt is often valued more than any ruling at a complaints tribunal or court of law. Wohlberg [1997] a psychologist and herself a 'victim' of sexual abuse also emphasises this need for an apology in her paper on 'What do victims really want'.

Restorative justice[23], -when abuser and victim can meet together, -Abrahamovitch [2007] comments is unfortunately rare but the aim when dealing with complaints is to be able to work with what at times can be unethical behaviour, in an ethical way. The way complaints are handled is extremely important; it is important that justice and right are done.

Bollas & Sunderland [1995] introduce the idea that psychoanalysis and psychotherapists have allowed the destruction of confidentiality between clinician and patient; that confidentiality has been betrayed. Their book covers a wide range of situations but throughout they argue that the assurance of confidentiality regarding clinical material is imperative. The emphasis throughout is that the patient must feel confident that anything said during the course of therapy is confidential. There is no mention of supervision.

Bond [1997] reminds us that there are different views with regard to confidentiality. His chapter covers a wide range of situations where there is disclosure of patient information including situations with regard to the law. Bond recognises the many conflicting obligations regarding confidentiality including difficulties when working in institutions. In contrast to Bollas and Sunderland he argues that absolute confidentiality is unrealistic.

1.5 Learning from Experience

Abrahamovitch's [2007] paper 'Stimulating ethical awareness during training' advocates the importance of learning from the experience of ethical violations and of presenting members with ethical dilemmas in order to promote thinking and discussion. Gartrell et al [1986], and Pope [2008] have both written advocating further education in the matter of sexual intimacy in psychotherapy, not least because there is evidence that therapists who have received an abusive analysis themselves are likely to repeat this with their own patients [Gabbard & Peltz 2001]. Sexual offenders in society have often been offended against as children and have gone on to repeat the behaviour they have received. There is a particular need here for support for such analysands, - when the situation is known. A reactionary, over protective, non-challenging stance may also be considered a form of abuse and cause for complaint.

[23] appendix 19

Solomon and Twyman [2003] take up this need for more discussion and education in exploring an ethical attitude in a number of situations; on retiring, reporting of clinical material, confidentiality, supervision, all areas in which complaints might arise. Ethics and boundary violations go much wider than sexual misbehaviour.

Pope & al. [2006] book on 'What therapists don't talk about and why' also seeks to open out the arena for discussion. The authors set out to explore and expose some of the taboos and ethical issues around therapist/patient relations. They are trying to encourage openness and discussion around difficult issues that arise in the course of working with patients. In a later paper [2008] on dual relations Pope discusses a number of non-sexual boundary crossings, again emphasising the need for openness and consultation and discussion. He makes the point that while boundary crossings may sometimes strengthen the therapist-client relationship they can also disrupt the therapist-patient alliance [Pope uses both terms - client and patient]. He discusses the issue of self-disclosure on the part of the therapist, - an area of quite strong disagreement between humanistic and psychoanalytic therapists.[24] His final section is on 'What about apologising?'[25] He makes the point that apologising can be difficult, can be felt to be an admission of guilt, and it must be sincere. Yet, he reminds us of instances of an apology by a therapist to a client which has averted a complaint.

Any one of the popular errors around boundary crossing that Pope explores could be the source of valuable discussion in either training or in a post graduate ethics seminar.

[24] This is an issue very pertinent to mediation and therapists anxieties about self disclosure with regard to the breakdown of therapy.

[25] I looked through the index sections of the many books and articles on my selves that I have been using in this research, not one of them had the item 'apology' or 'sorry' listed. It is a much neglected concept in psychotherapy.

Chapter two Setting the Scene

Introduction

In this chapter I set the scene in preparation for the study of interviewee's individual stories of their experience of therapy breakdown and complaints, chronicled in Chapter 6.

Here I explore the context in which complaints are made. I outline the structure of the British Association of Counselling and Psychotherapy, [BACP,] the United Kingdom Council for Psychotherapy [UKCP] and the British Psychoanalytic Council [BPC] the three main registering bodies within the psychotherapy and counselling world and I explore the way they deal with complaints. Within this process, I note how each body registers and trains their members and look at any available statistics relating to the complaints received by these organisations during the years 1996 -2010. Wherever possible, in order to put them into some sort of context I compare the records of complaints of these psychotherapy organisations with those of other registering bodies, the Health Professional Council [HPC], the General Medical Council [GMC], and the Office of Independent Adjudicators [OIA], [the Universities].

I have not looked at either the structure of, or the statistics with regard to, complaints made to the British Psychoanalytic Association, [BPA] or the British Psychological Society, [BPS.]

Records of complaints are incomplete. UKCP and BPC complaints in the past were heard in the various training organisations and were not readily available for research. The UKCP three year census was incomplete and did not ask for details of the complaints.

The BACP data available to me was that used be Khele and Symons in their reports of cases published in the organisation magazine concerning details of complaints that came to a hearing. What unfortunately missing is any information about complaints that were rejected at the pre-hearing stage or resolved at an early stage.

The data offered here is therefore incomplete but it gives an indication of the numbers and types of complaints received that were considered serious enough to go forward to a Hearing.

2.1 An overview of the organisations

2.1.1 BACP – British Association of Counselling and Psychotherapy.

This is the largest of the three organisations with over 35,000 members registered in January 2013 as counsellors or psychotherapists; no distinction is made between the two. Over 1000 counselling organisations are registered with BACP.

Approximately 17% of the members are male and 83% female, a ratio of almost 1 to 5.

2.1.2 UKCP- United Kingdom Council for Psychotherapy.

In 2013 there are around 7,000 psychotherapists registered as members of UKCP. The 77 training and registering bodies - Organisation Members [OMs] - are grouped within 10 Colleges, the two largest being The Council for Psychoanalysis and Jungian Analysts – CPJA - with 31 member organisations, and the Humanistic and Integrative Psychotherapy College – HIPC with 28 OMs. The other colleges tend to be quite small – the Universities Training College and the College for Sexual and Relational Therapy have only one OM in each. The male to female ratio of members throughout UKCP is approximately 1:3.

Members of both BACP and UKCP adhere, in their way of working, to a wide range of modalities. UKCP modalities for instance, cover psychoanalytic-psychodynamic, cognitive, humanistic, constructivist, and hypnotherapy. There are also therapists working in primary care, with families, couples and as sex therapists. Codes of Conduct – as opposed to Codes of Ethics - reflect these different modes of working.

A number of therapists are registered with both BACP and UKCP and a few with UKCP & BPC.

2.1.3 The BPC - The British Psychoanalytic Council,

This was formerly the British Confederation of Psychotherapists, it is the smallest of the three main organisations with 12 training organisations, called Member Institutions [MIs] and around 1,400 registrants, - psychoanalysts, psychotherapists and Jungian psychologists.

BPC evolved in the late 1980s as a consequence of a split from the nascent UKCP. The split was basically over the preservation of a solely psychoanalytic organisation, with similar ways of working, aims, objectives and codes of behaviour. It is only recently that dual registration of

members with UKCP has been allowed as BPC has sought to increase its membership. The male, female ratio of members is approximately 1:3 – similar to that in UKCP. [26]

2.1.4 HPC – Health Professions Council

HPC is the registering body for a range of health workers. At the beginning of 2011, there were about 213,290 members.[27] The three largest groups are physiotherapists with over 44,000 members, occupational therapists with nearly 32,000 members, and radiographers, with over 26,000 members. There have been discussions over many years about registration of psychotherapists under the HPC. [Oakley 2009]. In 2010, the newly elected government ruled against statuary registration opting for voluntary regulation.

2.1.5 GMC – General Medical Council

There are approximately 247,000 doctors registered in the UK. About 25% of them are GPs while the other 75% work in hospitals and other institutions. Approximately 46% of GPs are women, and of those working in other branches of the medical profession, 40.4% are women. Thus the numbers of men and women doctors are much more evenly balanced than in the counselling and psychotherapy professions[28].[Hoyle 2003]

2.1.6 PSA – Professional Standards Authority

PSA, formally CHRE, oversees organisations that regulate health care throughout the UK. In 2012 CHRE became responsible for the care of social work and the name changed to Professional Standard for Health and Social Care [PSA]. In February 2013 the AVR Accredited Voluntary Register for health care was launched and BACP became one of the first organisation to sign up to it.

2.2. Registration of Members

Issues around regulation within counselling and psychotherapy have become outwardly political since around the 1960s when concern over the activities of Scientology stimulated a number of psychotherapy and psychology organisations to approach the Department of Health over their concerns. The Foster report in1971 recommended legislation, this was followed by the Sieghart report in 1978. Both reports were not accepted and no action was taken. These reports were followed by Graham Bright's 1981 private member's bill in parliament in which he proposed

[26] BPC website
[27] HPC website
[28] appendix Q8

that psychotherapists must be registered before being allowed to work. Reading through the Hansard report of the debate it seemed that no one was prepared to act as teller and the bill was thus defeated. No one seemed interested enough to take the bill as far as a vote. [appendix 22]

Following this defeat several psychotherapy organisations began to meet together at Rugby and from there formed the Rugby Conference. Regulation was discussed. Importantly the separate organisations were coming together to meet and talk and from these discussions the UKCP was formed. UKCP organisation members retained their own complaints procedures until 2013 with the introduction of the Complaints and Concerns Process. There has always been a delicate balance between belonging and autonomy within UKCP.

The British Association for Counselling [BAC] had been formed in 1977. It had grown out of the Standing Conference for the Advancement of Counselling. Membership was extended to include individuals in 1977, with the aid of a grant from the Home Office Voluntary Service Unit. Complaints have always been heard centrally.

This issue of regulation became extremely political with members divided. BACP tended to be more in favour of HPC regulation while opinion in UKCP was divided. The 2009 UKCP election for Chair was dominated by issues around the Alliance, an organisation formed by some members of UKCP and BPC in protest against registration by HPC.

Regulation under HPC seemed likely under the previous Labour government, only to be put aside by the incoming Conservative government. Organisations were to be left to manage their own affairs.

The three psychotherapy registering bodies operate in different ways with differing systems with regard to the registration of members.

2.2.1 BACP

BACP recognises some training programmes as accrediting organisations, thus facilitating registration of individual members. Students qualified through accredited training organisations register individually with BACP on completion of the specified number of counselling hours. For counsellors seeking membership of BACP who have not been trained by an accredited organisation there is an individual registration process. Accreditation entails further training.

Only a relatively small number of current members are accredited, but numbers are rising– having increased from 6.8% of members in 1991 to 25.6% in January 2011[29].

BACP is not in a position to know either the content or the standard of training of counselling programmes that are not accredited training organisations. Training periods can vary considerably in length and intensity with some organisations requiring at least 4-5 years training with a similar number of years of personal therapy, while other courses are shorter and therapy is not a requirement, or at least very minimal.

2.2.2 UKCP

UKCP is a fairly loose federation of psychotherapy training organisations, known as Organisation Members, [OMs,] with UKCP acting in a supervisory role. Each OM conducts its own training and registration process and is monitored by UKCP by means of a quinquennial review.

Therapists gaining registration from their training OM are eligible to register with UKCP. Most qualified therapists retain membership of both their OM and UKCP although since 2010 it is possible for therapists to register direct with UKCP.

In effect all members are thus 'accredited' – the only 'non-accredited' members would be those in training. Members must re-register with UKCP each year and need to declare the nature of any complaint or civil action made against them. The UKCP Professional Conduct Committee [PCC] examines all such declarations and a decision is made as to continuing membership. The PCC also has the power to refer any self-declared misdemeanour back to the OM with the direction for them to investigate and if appropriate bring a complaint against the member. This procedure will change as organisations subscribe to the Complaints and Concerns Process [CCP]

There are two UKCP registering but non-training bodies, the British Association of Psychoanalytic and Psychodynamic Supervisors [BAPPS] and the Forum of Independent Psychotherapists, [FiP] both are members of CPJA. Members of BAPPS will have undertaken one of a number of supervision training courses [including those run by BACP]. FiP is a registering body for psychotherapists trained elsewhere.

[29] BACP office publication

2.2.3 BPC

BPC is organised in a manner similar to that of UKCP in that it consists of 12 separate training organisations, Member Institutions, [MIs] each with its own training programme and Ethics Committee. In 2013 three of the MIs merged together for training purposes.

2.3. Processing complaints

2.3.1 BACP

All members are expected to adhere to the BACP Ethical Framework, which includes ethical principles, guidance on good practice, and a Complaints Procedure. Any complaint against counsellors, supervisors, trainers, or an organisation is made directly to BACP. A pre-hearing assessment panel [PHAP] assesses formal written complaints in order to ascertain if there is any case to answer. If accepted the case will proceed to a hearing before a panel. The member complained about [MCA] is not consulted at this stage.

BACP considers itself 'neutral'[30] and does not offer any pre-complaint help nor does it offer direct support to either complainant or respondent. The complainant might be referred to The Citizens Advice Bureaux [CAB] or Mind for support. Any member facing a complaint must find their own support and advice. BACP also make clear that the complaints procedure is not part of a therapeutic process. At the BACP AGM 2004 some members complained about this lack of direct support. Insurance companies often offer some level of assistance with writing the response to the complaint and in accompanying the member complained against [MCA] to the hearing[31]. This concerns some members of BACP in that they consider that the MCA has more support resources than the complainant.[32]

BACP has a telephone advisory service available to help people with initial concerns about making a complaint, such concerns do not always reach the stage of an official complaint, and not everyone making a complaint avails themselves of this service. No similar service is available for the therapist. The BACP leaflet 'Complaint Check List' states that before submitting a complaint the complainant is expected to attempt to resolve the issue with the member or the organisation and to submit details of such an attempt. If this is not feasible or

[30] BACP AGM 2004 and printed in the CPJ 2005 Vol 16.4
[31] appendix Q 10
[32] personal communication in an interview with a BACP executive

inappropriate the complainant is expected to provide a written explanation as to why this should be the case.[33]

Panels for any hearing will consist of three persons, counsellors and lay members. If the complaint is upheld there are a number of sanctions which the panel can impose, the most extreme being the termination of membership. A separate panel oversees any sanctions imposed. Once this panel is satisfied that the sanctions have been fulfilled and the counsellor has learnt from the experience, membership can be reinstated.[34]

There is the possibility of an appeal to BACP by the member complained about [MCA] against any decision made. Any appeal would be heard by a new panel. Complainants have no right of appeal.

BACP also have a system following Article 12.6[35] of the Memorandum & Articles of the association - previously Art 4.6 - whereby the Board of Governors have the right to terminate membership of any member as they think appropriate. Procedure under Art. 4.6/12.6 will usually only be used if a complaint is considered serious and/or a matter of considerable concern. The member complained about is given the right to appeal against the decision to terminate his/her membership. The appeal is heard in a way similar to that of any other complaint.

Until 2007, third party complaints could only be processed under Art 4.6 but it was considered by the Board that many complaints were not sufficiently serious for that procedure. There is now a route for legal guardians or an appropriately authorised adult to bring a complaint on behalf of a minor under PCP rules[36]. The organisation acting on information from public sources, e.g. court cases or newspaper articles may also bring a complaint against a member.

BACP does not at present offer mediation but it is now considering the reintroduction of the option. [June 2013]

2.3.2 UKCP

UKCP [2013] has recently made radical changes to the way complaints are heard. When in 2010 the present Government ruled against statuary regulation for counselling and psychotherapy, UKCP began to look towards recognition by CHRE now the Professional Standards Authority

[33] In all my interviews with those whose complaint had been heard by BACP no one – complainant or therapist - had experienced anything of this ruling although it is stated clearly in the BACP document.
[34] appendix Q 1.3
[35] appendix 13
[36] appendix 15

[PSA] [37] Alongside this they initiated a move from complaints being heard by individual Organisation Members [OMs] towards a Complaints and Concerns Process [CCP].

The new Complaints and Concerns Process came into full operation in January 2013[38]. Organisation Members are invited to opt into it; in these early stages it is not compulsory. Not all OMs, are in favour of a CCP and have not [as yet] opted in, as a consequence there are at present two systems in operation- some cases coming to the CCP and others being heard by the OMs. If UKCP is to be admitted to the new Accredited Voluntary Register [AVR] all OMs must subscribe to the new process but there is still strong opposition by some organisations to centrally heard complaints.

Under the new system concerns and complaints come first to the Professional Conduct Officer [PCO] and the Professional Conduct Committee. All cases accepted and deemed non fitness to practice are directed towards Alternative Dispute Resolution [ADR] and only if this fails is the case heard by a pre-hearing panel. Any case deemed to involve fitness to practice goes straight to an Adjudication Panel. The CCP makes provision for the complainant to be represented by a UKCP lawyer while members can expect support from their organisations and insurance companies.

Prior to this move each Organisation member of UKCP had its own Code of Ethics and Complaints Procedure which were all based on the UKCP code. Any complaint against a therapist would be made direct to the member's registering body [OM] and heard in relation to the code of ethics of that body. Both the appropriate college and UKCP monitor each OM's Code of Ethics; there are slight differences between the codes.

A number of OMs offered a pre-complaint advisory service, with a system of ADR, and a number offered support to either the complainant, the therapist or to both[39]. This support would be in the form of a mentor or facilitator. Any complaint against a member not resolved at an early stage by negotiation or mediation is passed direct to a panel appointed by the Ethics Committee to determine whether there is a case to answer. If it is agreed that there is such a case the complaint will proceed to be heard before a Hearing Panel, consisting of three members. The panel will hear the complaint, reach a decision and impose any sanctions it feels to be appropriate.

[37] appendix 17
[38] appendix Q 5.2
[39] appendix Q 4.4

Either party can appeal to the organisation against any decision made. Any appeal arising will again be heard by the Organisation Member who will set up a new panel to hear the case.

There is the possibility of a final appeal direct to UKCP by either party regarding the OMs procedural behaviour or decision. This may include an appeal against the organisation's decision that there was no case to answer.

Any appeal to UKCP is first directed to the UKCP Professional Conduct Officer [PCO] and the Professional Conduct Committee [PCC]. Members of the committee make the decision as to whether the case has been conducted correctly according to the relevant complaints procedure. If the PCC decides that there is a case for concern and that procedures have not been followed correctly, the complaint is passed to the Central Final Procedure [CFAP 2012] to be heard by a panel drawn from experienced therapists with a lay Chair. Their decision is final. The PCC can suggest and arrange mediation if deemed appropriate. Any sanctions imposed by the panel will be supervised by the OM.

Training complaints are dealt with by the organisation while any final appeal would be to the appropriate College Ethics Committee.

UKCP does not have an equivalent of BACP's Art. 12.6. but an interim suspension order can be made. In which case a special emergency panel would be appointed and the therapist would be invited to attend. The case would then proceed to a full 'fitness to practice' panel hearing.

2.3.3 BPC

In 2006, the BPC Council moved from the position in which each organisation heard complaints against their own members to a tertiary organisation consisting of the Member Institutions, [MIs] their individual Ethics Committees and the BPC. BPC's own Hearing Panel hears all complaints centrally. The BPC Ethics Committee drew up the Complaints procedure and revised the Ethical Code. The whole membership voted for this change.

The BPC Ethics Committee has overall responsibility for complaints and reports to the Executive Committee but is not involved in the hearing of complaints.

Any formal complaint is seen first by the Screening Committee, members of which can see whatever submission they wish in order to decide whether there has been a potential breach of

ethics.[40] If the Screening Committee decides there has been such a breach the complaint is passed to the Intake Committee. This committee consists of 12 very senior members of BPC.

Complaints are heard by a panel drawn from a panel of senior members, chairs of the member institutions and lay people. A new panel would be formed to hear any appeal but this will be chaired by a member of the Intake Committee. In this way they hope to have some continuity and to be able to facilitate learning from the experience.

Both complainants and therapists can appeal against any decision made. At the moment, there is no limit to the number of appeals that can be made - but this is likely to change.

UKCP and BCP also allowed for the provision of an Interim Suspension of Registration should either of the panels feel that the complaint is sufficiently serious to require the therapist to cease practising immediately. [BPC Website]

Lay people sit on the panels and committees but cannot take the chair. BPC does not offer mediation or support to either complainant or respondent but individual institutions have the freedom to hear preliminary concerns and to offer pre-complaint support or alternative dispute resolution [ADR] procedures. MIs are also in a position to support their own members in any complaint.

All three organisations have the equivalent of a Professional Conduct Officer and have access to further legal advice when needed.

2.3.4. Health Professions Council - HPC

In the 'pursuit of transparency' there is an abundance of information about complaints on the HPC website. HPC also publish details of all cases where the complaint is upheld along with details of cases where a member is suspended pending a hearing. Discussions have taken place with regard to introducing some form of Alternative Dispute Resolution [ADR]. At a meeting, where a proposal plan for ADR was put before the committee there was some discomfort expressed about the use of mediation. The fear seemed to be that by using some form of mediation they might be thought to be deviating from their role of protecting the public. Nevertheless it seemed likely, from what was said at the meeting, that HPC would consider adopting some form of ADR.[41]

[40] The term 'potential breach' has been substituted in the place of a 'case to answer' – as part of the wish to view complaints as an ethical rather than a legal problem. [personal communication with a senior member of BPC]
[41] HPC meeting which I attended.

2.3.5 General Medical Council GMC

In order to practise in the UK, doctors need to be registered with the GMC. The GMC will hear complaints against its members. It has the power to impose sanctions and remove registration from its members.

2.3.6 The Office of the Independent Adjudicator, OIA

The OIA is responsible for hearing complaints from the Universities and publishes an Annual Report. The OIA accepts complaints only after all internal processes within the individual Universities and Colleges have been exhausted. In this respect, its function is similar to that of the Professional Conduct Committee of UKCP and the Central Final Appeals Panel.

2.3.7 Alternative Dispute Resolution ADR

ADR is employed widely in disputes of many sorts in industry, in the world of commerce and the European Commission has published guidelines on using it to resolve disputes between states. If mediation is employed advantageously the benefit of using ADR as opposed to proceeding to a formal hearing could include: cost, both in time and money; speed of processing,; a voluntary agreement and not one which has been imposed by a panel; confidentiality, one of the important criteria for a mediation session is that nothing said can be used outside the session; a more satisfactory outcome, in that, as we shall see later, often a complainant is only asking for an explanation or an apology.

2.4. Records

None of the organisations maintain records of complaints which have been written with possible future research in mind. In consequence many details of information that might be interesting and important for research purposes are often missing. All information contained within those records that do exist is considered to be highly confidential and is generally hard to access. The consequence of this is that records have not been readily available for either research or training purposes.

What information is available often brings up as many questions as it answers. Figures obtained from these sources and quoted below should be treated as indicators of trends and themes rather than as accurate facts. These trends and themes could, however, be used to form the basis of further research; for training purposes; for refining complaints procedures and for formulating an ethics training programme for panels, trainees and as part of a CPD programme for registrants.

2.4.1. BACP

All BACP records of complaints and complaints proceedings are stored centrally. In 2007/08 a University team led by Suky Khele was granted permission to access all documents and records pertaining to complaints between the years 1996-2006 for the purpose of analysis. This analysis covered upheld complaints against individual counsellors and therapists, supervisors, trainers and complaints made against organisations, complaints that had been received and heard through the Professional Conduct Procedure [PCP]. An article summarising this analysis was published in the BACP Journal in 2008. During the following years a similar analysis of complaints made under Art. 4.6.was undertaken and an article published in 2010.

2.4.2 UKCP

UKCP data has in the past been stored within the individual OMs and is not readily available for an individual researcher. UKCP has never required details of complaints proceedings to be centralised. No research across all the organisations into the nature of complaints has ever been undertaken as far as I know.

During the years 2006-2009 all OMs were asked to complete an annual census form requesting details of complaints received. The census was in the form of a questionnaire and asked for numbers, source and direction of complaints but the questionnaire requested no details of the nature of the complaint or details of either the complainant or respondent. It was a document for administrative purposes rather than one seeking clinical details of each complaint.

Information concerning composition of panels and investigating committees was asked for as was intent with regard to publishing the outcome of any complaint which had been upheld. There were a number of inconsistencies in the design – particularly in respect of how to detail proceedings of complaints which had continued over more than one year. There seems to have been no compulsion on the part of UKCP for OMs to return these forms, in fact only 23 % of OMs completed the form for all three years[42].

These census returns had not been previously analysed in any detail until I looked at them in 2010. In spite of these deficiencies, a number of interesting trends have emerged from the census that merit further investigation – see below.

[42] appendix Q 4.1

Since 2009 no further census has been undertaken. The PCC proposal[43] for a revised form for collecting data and investigation of complaints was abandoned when plans were prepared for centrally heard complaints.

UKCP publishes brief details of upheld complaints both in its journal and on the web. OMs vary with regard to methods and details of reports published[44].

Both BACP and UKCP are aware of the need to set in place provision for future detailed, ethical research. One of the proposals put forward by the team writing the new complaints process for UKCP is a template for recording every complaint that is received.

2.4.3 BPC

Details of all complaints processed by the MIs prior to centralisation remain with the MIs and are not readily available for an individual researcher.

The BPC Ethics Committee annual report[45] contains details of the number of complaints received. The report gives a statement of the progress of these complaints and the reason for the complaint. Nothing has been done in terms of statistics or research; getting complaints structures in place, they say, has taken priority. In 2012 BPC published their annual report on the internet, this included reports of complaints received.

There is no national register and no organisation has the power to prevent a member from continuing to work after termination of membership.

2.5. Numbers of complaints

Statistics for each of the three main organisations are often incomplete, nor are they readily comparable because of the different methods of collecting data.

2.5.1 BACP

The analysis of complaints received by BACP between 1996-2006 by Khele, Symons, and Wheeler showed that during these years 142 complaints were found of which 84 were assessed as requiring a full Hearing. Of the remaining 58, 3 were viewed as sufficiently serious to be

[43] A proposal instigated by myself
[44] appendix Q 4.6
[45] appendix Q 6

processed under Article 4.6 and 55 were assessed as having no case to answer. . There are no further details of those complaints which did not get as far as a hearing[46].

56 of the complaints which were upheld were made against the counsellors' code under the professional conduct procedure [PCP]. 315 different clauses from the Ethics Code arose from these 56 complaints of which 157 were upheld. Unfortunately the data does not show profiles of individuals or the pattern of clusters of complaints

The BACP paper published in 2010 stated that during the period 1998 – 2007 there were 59 cases against counsellors for which Art 4.6 was invoked. 43 counsellors appealed against the decision to terminate their membership and in 23 instances the appeal was upheld which meant that 33 cases resulted in termination of membership. Unfortunately records were incomplete for the remaining 3. Appendix Q2.2 provides a detailed year-by-year analysis of the number of complaints received. The number of complaints remained relatively consistent over the period of study.

As an approximate guide to frequency of complaints these figures suggest that 1 complaint is received for every 800 members while 1 upheld complaint is received for every 2000 members.

My analysis of the complaints, which have been published in the Therapy Today journal, showed that there were 57 complaints upheld during the years 2006 – 2010, of which 23 were cited under Art 4.6[47]. Because of the source of the information, there are no details of the numbers of complaints not upheld.

2.5.2 UKCP.

Data has been taken from the census for the 3 years 2007-2009 - there was a 62% return rate across the three years.[48]

33(53%) organisations reported having had no complaints during the three years investigated[49].

A total of 89 complaints were reported.

Because of the short period covered, and the incomplete returns from OMs these figures are far from helpful.

[46] appendix Q1.1
[47] appendix Q3
[48] appendix Q4.1
[49] appendix Q4.1

2.5.3 BPC

BPC report 13 complaints between 2008 and 2010 – no details were given. The details from BPC[50] show a rise from no complaints received between 2007 and 2009 up to 13 complaints received in the years 2008-10. This was a significant increase.

The Annual Report 2011-12 states that 34 formal complaints were received during the year. Of these 15 were rejected by the Screening Committee; 6 were upheld at a hearing and 6 are yet to be completed.

2.5.4 Health Professions Council - HPC

The number of complaints to HPC increased by 37% between the years 2008/2009 to 2009/10. In 2009/2010, 31% complaints were from the general public, 33% from employers and 8% from other professions. [No mention of the other 28%] The highest number of complaints was against paramedics, 1.03%, and psychologists 0.96%. –complaints that have recently been moved from being heard by BPS to HPC after BPS became regulated by HPC.

There was found to be a case to answer in 58% of cases, these went on to a full hearing. This percentage has been fairly constant over the years, although it does vary slightly over the different professions.[51]

2.5.5 General Medical Council – GMC

An analysis of complaints received by the General Medical Council 2090-2001 - was published in 2000. This was the first survey said to have been published. [I have found none since.] The report showed a large increase in the number of complaints made over the ten years.[52]

2.5.6 The Office of the Independent Adjudicator – OIA

In 2009 the number of complaints received by the OIA exceeded 1000 for the first time. This constitutes a 12% increase on the previous year and a 37% increase over the last two years. Of the eligible complaints 5% [down from 7% in 2008] were considered justified, 13% [down from 16%] partly justified and 75% [up from 71%] not justified. The Universities attribute the decline in cases found justified and partly justified to an improvement in the handling of cases. The complaints received were 0.05% of University enrolments in England and Wales. [53]

[50] appendix Q6
[51] appendix Q7
[52] appendix Q8
[53] Appendix Q9

HPC, the GMC and the OIA all feature an increased year-by-year number of complaints. Hoyle [2003] comments that people complain now 'because they can'. The rate of increase of psychotherapy complaints does not seem to mirror this. Most psychotherapy organisations now have a definite complaints procedure but in spite of this many people who have just cause to complain, do not do so. Symons [2012] nationwide analysis of why people do not complain elicited many different reasons for this.

2.6. The Nature of Complaints

2.6.1 BACP analyses 2008 and 2010 (PCP)

In the 2008 report (Khele et al) detailing complaints made during 1996-2006 against the code for counsellors all cases were looked at in terms of the codes of ethics deemed to have been breached, - as defined by the Hearing Panels. Often more than one complaint was cited against each person. These are all cases that reached a hearing and the complaint was up held.

These figures on the nature of complaints do not discriminate between those made against male as opposed to female members or between those against accredited or non- accredited counsellors.

Complaints were categorised under seven headings.[54]

1. 'Nature of Counselling', - complaints about the modality or type of counselling received. There were only two complaints made under this heading.

2. [Counsellor] Responsibility - issues around managing breaks and endings, financial, sexual or emotional exploitation of clients.

There were 111 complaints made under this heading, around 50% of these were upheld. 12% of these complaints were about boundary issues and of these 76% were upheld.

3. Anti-discriminatory practice [not defined]

4. Confidentiality

5. Contracts

6. Boundaries

[54] appendix Q1.1

7. Competence,

2.6.2 Complaints heard under Art 4.6.

In their study of allegations of serious professional misconduct published in 2010 Symons et al 2010 similarly categorised the reasons for complaint. Unfortunately the data was often incomplete, particularly during the earlier years of the sample. Therefore, all figures cited must be regarded as approximate.

As with the cases heard under PCP in many complaints multiple reasons for complaint were stated – there were 140 reasons for complaints given for the 56 cases. The most common reasons cited, [60%,] were related to the BACP rather than to clinical matters

1. Bringing BACP into disrepute,
2. Bringing psychotherapy into disrepute
3. Impeding the legitimate activities of BACP. [not defined]
4. Misrepresenting their membership status

5. Cases related to breaches of framework. [39.2%]

No attempt was made in the article to explore links between multiple complaints against each counsellor. It is possible that a complaint about a breach of the ethical framework was also considered as bringing the organisation into disrepute.[55]

It is not possible to compare the types of complaints heard under PCP and Art 4.6 because of the very different way they have been categorised. The categories used above give little indication of the specific misconduct complained about.

The research classifies the complaints under three different headings [56]:- Professional misconduct, profession malpractice and bringing the profession into disrepute. Misconduct is defined as the practitioner having contravened ethical and behavioural standards. Malpractice covers incompetence and negligence while bringing the profession into disrepute signifies that the panel considers that the practitioner has behaved in an 'infamous or disgraceful way' – it is not restricted to acts of immorality but covers behaving in a way the panel considers unprofessional.

[55] See chapter 6 – several of my interviewee spoke of their experiences of multiple complaints raised against them alongside the main complaint.
[56] Source – Professional Conduct procedure document.

Symons related the number of complaints dealt with under Art 4.6 against the membership numbers for each year [slightly adapted]. Data is not always complete. Figures suggest that the rate of complaints made each year has remained consistent over this period[57].

In January2012, when this collection of data ended, only five members whose cases were heard under Art 4.6 have been reinstated, - four women and one man – none for sexual offences.

2.6.3 Cases reported in Therapy Today 2006-2010

I took the data for this analysis from the reports of cases upheld by BACP over the period 2006-2010 as reported in their journal Therapy Today. The data available to me in these published reports is in a different format to that used by Khele et al who had access to the original records of each case, including information about the complainant. I only had access to data in the form it was published, i.e. the nature of the complaint(s), codes of ethics said to be transgressed, and decisions of the hearing panel. Gender of the member complained against [MCA] could usually be deduced by their name but there was no indication whether a counsellor or therapist was accredited.[58]

There was no information about the complainant.

Any ambiguities of classification and lack of data are inevitably due to the fact that this data was not collected under a rigorous research programme.

Complaints lodged consisted of

1. breaking of confidentiality

2. breaking of boundaries

3. sexual misdemeanours and inappropriate relationships;

4. complaints concerning breaks and/or endings;

5. cultural disrespect;

6. ethics

7. financial transgressions;

8. lack of competence

[57] Appendix Q2.2
[58] BACP do not differentiate between counsellors and therapists.

9. cases where external circumstances or behaviour caused membership to be terminated[59].

This category choice is slightly different from that used in the BACP, professional conduct procedure [PCP] analysis, above, but probably reflects the different constituency being studied and the format in which the case details were presented. I included the term 'cultural' as a category although there was only one reference in the reported cases where the member was described as being 'culturally disrespectful' but with no details. This is significant in itself in view of the present emphasis on Diversity, Equality, Social Responsibility [DESR] issues. There were no such references in the PCP analysis. The category 'Ethics' is rather ambiguous as it might be considered that all cases are breaches of an ethical framework.

2.7 The gender divide.

2.7.1 BACP analyses 2008 and 2010

Both BACP analyses show that there tends to be a greater number of complaints against men than against women, relative to the ratio of men to women in the membership.

The 2008 analysis of PCP[60] complaints suggested that the rate of complaints against men is approximately two and a half times that for women. [1:2.4] (Of those complained against 43 [67%] were female members and 21 [33%] male but the gender split of BACP members in 2004 was 17% male and 83% female members).

The 2010 analysis of complaints under Art 4.6 confirmed this bias when it was found that the gender split was 45.83% male, 54% female 'transgressors '.

Neither the BACP 2008 nor the 2010 analysis gives a breakdown of the types of complaints on a gender related basis.

2.7.2 Published cases between 2006 and 2010

57 detailed cases of complaints upheld were reported in the BACP Journal. Of these 57 cases, 26 [46%] were towards male members and 31 [54%] towards female members.

34 cases were heard under the professional conduct procedure, [PCP]: 12 [35%] were against male members and 22 [65%] against female members.

23 [40%] of the 57 complaints were cited under Article 4.6. of these 14, [61%] were against male and 9 [39%] against female members.

[59] i.e. criminal convictions; termination of employment by other bodies, e.g. NHS, other counselling agencies.
[60] appendix Q1.2

14% of all complaints during these five years were about sexual abuse of the client in some shape or form.

The gender split of BACP in January 2011 was 84% female and 16% male, - very similar to that of 2004.

These figures suggest that, men are 4.5 times more likely to have a complaint upheld against them than women.

In the case of the 23 Article 4.6 complaints the figure was 8.2 times more likely, while for the 34 complaints dealt with under PCP, the figure was 2.8.

Although the sample is really too small to consider these figures statistically significant – the trends they suggest are nevertheless significant enough to be taken seriously.

Symons et al. also comment on this over representation of men among MCA. They quote HPC where the report for 2009 says that of the people against whom complaints were brought, 59% were men at a time when men represented only 24% of the total membership. This pattern of abuse and complaint however clearly reflects the pattern currently operating in society at large. In May 2011 out of a prison population of 84,500 only 5.1% were women. [61]

Of the three analyses reported in this paper this was the only one that correlated the type of complaint with the gender of the MCA. There seemed to be clusters of complaints that were gender related.

2.7.3 Dominant causes of complaint against male counsellors[62]

1. Sexual abuse, 30%.

2. Issues around violation of boundaries – closely connected with sexual abuse.

3. Working beyond their range of competence while not referring on or seeking adequate supervision.

4. Financial irregularity. Twice as many men as women were involved in some sort of financial irregularity.

5. External circumstances

[61] Source – National Offender Management Services
[62] appendix Q3.2

The ‘external circumstances’ quoted were cases where the members had been suspended by their employer or in two cases had received a prison sentence – membership in these cases was immediately terminated although the people concerned were invited to reapply after the sentence had run its course.

In most cases, there was no indication as to whether the complainant was a man or a woman. Since however more patients are female and there is a strong suggestion that male patients in general prefer to have female therapists it seems most likely that a male therapist would be working with a female patient. Couple all this with the fact that, as will be highlighted in the next section, the greater number of complainants are female it is probable that the complainant against a male therapist is a woman.

2.7.4 Causes of complaints against female members[63]

Types of complaints against female members are slightly more evenly distributed than for their male colleagues. Breaking of boundaries is the dominant complaint [non-specific]. Breaking of confidentiality is more prevalent among women as is the finding of unethical behaviour - not defined.

There were no complaints of sexual transgression levelled at female members but there was one instance where the respondent was said to have sought an ‘inappropriate relationship’ and another where the relationship was said to be both inappropriate and intimate. The text and the language used seem to imply that the members were looking for friendship and/or a relationship outside the counselling room but it is not explicit.

During the first six months of 2011 after the above analysis was completed, there was one case reported of a woman therapist and supervisor accused of sexual offences against minors [male]. The complaint was brought by BACP, after media coverage of the incidents. Her membership was terminated and she did not appeal. Another complaint was lodged against a male member by an outside organisation for alleged sexual offences, this was upheld. BACP then brought an Art 4.6 complaint against him. He did not appeal.

2.8 Complainants

The UKCP census provides some limited information regarding the source of complaints. Complaints were received from patients, colleges, employers, third party and students in training.

[63] appendix Q3.2

Of the total number of complaints [89] listed by OMs, 47 [52.8%] came from patients. Whether these patients were lay people or therapists is not known. Of those 47, 19 were assessed as rejected by the first panel, 20 were resolved without a hearing, 7 (0.14%) were upheld at a hearing.

Among the OMs making all three returns, 56 complaints were listed. And of these 56, 35 [62%] were from patients,

2.8.1 The preponderance of female complainants.

The BACP researchers make the point that 81% of complainants were female, but this is not surprising, nor very significant, when the number of patients and clients in therapy or counselling tends to be predominately female. Colin Penning [2013] reports that 'Men make up just 36 per cent of referrals to the Improving Access to Psychological Therapies (IAPT) programme. They are also under-represented in relationship support services, just 44 per cent of Relate's clients are men' An analysis of a research project I did in a relatively small psychotherapy organisation[64] in the late '80s on assessments, referrals and length of stay in therapy relative to the gender of the patient, the assessor and the therapist taking the referral, showed that the ratio of men to women patients was somewhere in the region of 1:3- 1: 3.5 which is very similar to the ratio recorded in the BACP research. Exact figures and details are no longer available. It was also interesting to note that male applicants for psychotherapy tended to ask for female therapists.

In such a loosely knit organisation such as BACP – or in any situation of private practice - it would be well nigh impossible to ascertain actual numbers and/or the gender of people in therapy at any one time in order to put this figure into any sort of context. The only possible sources of such information would be from clinics and counselling centres.

2.8.2 Professional v lay complainants.

Of the 56 people in the Symons 2008 analysis who brought complaints against the code for counsellors, [with 315 complaints clauses] where the professional identity is known, 10 [18%] were trainees, 16 [29%] counsellors, 5 [9%] from related professions, and 24 [43%] were lay people. As the predominate number of counselling users are lay people, they are thus vastly under-represented in bringing complaints.

[64] Collection and analysis of intake data when I was head of clinical services; a survey done for internal use. This was research undertaken in a very early form of data based programming which has long since been superseded.

Symons research [2012] on why people do not complain in which she did manage to access a fair number of lay people, needs very careful analysis by all organisations offering training and dealing with complaints.

2.9 Outcome of the complaints

The chart below shows the progress through the complaints process of the 89 complaints recorded by the OMs on the UKCP census returns. [65]

	1	2	3	4	5	6	7
	No prima case	Resolved informally	resolved through mediation	dismissed prior to hearing	rejected at hearing	upheld at hearing	Hearings not completed
Results for all 89 replies	25	19	9	2	5	3	26
Percentage of total number of complaints recorded (89)	28.1%	21.3%	10.1%	2.2%	5.6%	3.4%	

The data [above] from the census returns is open to question on several fronts but nevertheless the general tenure is worth noting. About 60% of the complaints recorded did not result in a hearing, 28% were deemed to have no substance while a further 32% were resolved either informally or by means of more formal mediation. 3 were upheld and at the time of the census there were still 26 cases not completed. Of those complaints which showed a completed hearing 68% were rejected and 32% were upheld.

The figures obtained from the BACP and the UKCP analyses are not directly comparable. BACP figures do not include the numbers of complaints received but not accepted nor do they include complaints resolved by other means.

It appears that about a third of those who made a formal complaint had their complaint rejected either early in the process or as the result of a hearing.

It would seem that the number of complaints received over all the UKCP organisations is greater than those received by BACP while the number going on to a full hearing is much lower than in BACP, [proportional to membership numbers]. A considerable number of complaints

[65] appendix Q4.3

were said to have been resolved informally or by mediation. Neither of these paths is available to those complaining to BACP.

How satisfied the complainants were with the outcome, of course we will never know.

2.10 Support structures in place

Section two of the UKCP questionnaire asked about policies and structures in place in the organisations with regard to the hearing of complaints. OMs were asked about their provision of support for both complainant and respondent. Results of this are shown in appendix Q4.4. For the purpose of this research all OMs have been placed in one of three groups, corresponding to the colleges, CPJA, Analytic and Jungian [28 OMs], HIPC, Humanistic and Integrative [25 OMs], and Others [18 OMs] – this group included family therapists, drama therapists, hypnotherapists, constructive therapists etc.

The organisations were asked on a yes/no basis as to whether they had support processes in place, no details were requested. A number said they referred complainants to Witness – which is no longer functioning. Questions were not asked about provision for mediation.

30 OMs out of a possible 74 claimed to offer support for both complainant and respondent. A rate of 40%.

A number of organisations that said they had never had a complaint had no firm procedures in place, but said they would consider offering support if the need arose.

2.11 Panel members

In 2009[66] UKCP OMs were beginning to have lay people on the investigating and hearing panels. Numbers were still low - only 26%, having lay members on their hearing panel. Since 2009 lay participation has increased – but the figure is unknown. The Chair of all Central Final Appeals Procedures [CFAP] is always a lay person. The question was not asked as to whether hearing panels had members from other organisations, but there is some evidence that this is now happening although there are no figures to corroborate this.

The new proposals for centrally heard complaints stipulate that the chair must be a lay person. These changes are all part of a movement away from the previous possible ‘elitisms, closed

[66] latest date for which information available

atmosphere and nepotism'[67] of OMs hearing complaints against their own members, and a move towards a greater transparency.

BACP and BPC both have lay members on their Hearing Panels although in BPC the Chair is never a lay person. As we have already seen both these bodies process their complaints centrally.

2.12 Publishing reports of complaints.

In 2009 the UKCP OMs showed very mixed feelings about publication of the outcome of any upheld complaints as is indicated by the replies on the census returns[68]. This was at a time when BACP was already publishing in their journal the details of all upheld complaints.

Three issues stand out from the returns.

1. That a substantial number of organisations across all modalities said they would not publish at all.

2. Those organisations grouped under the term 'Other 'report that they are more likely to publish cases of removal from the register and expulsion from the organisation than do the organisations registered in CPJA and HIPC.

3. All organisations were more likely to publish cases where Fitness to Practice was involved.

UKCP publishes brief details of the suspension and termination of membership in their journal and on the web.

2.13 Time limits

There have been recent changes to the time limit in which complaints can be lodged; a more flexible approach is now being adopted by all three organisations to allow for the circumstances of the complaint. [BACP Protocol 2009] There is quite a strong argument put forward by all three organisations that for more serious cases of [sexual] abuse there should be no time limit for making a complaint. The precedent for this was a ruling in the House of Lords [UKHL 2008] on time limits for the bringing to court cases of sexual abuse. The decision concerning time limits has brought up other important dilemmas in terms of balancing the needs, even the rights, of both clients and therapists. Nevertheless the effect of sexual or severe emotional abuse by a therapist of his/her client can be far reaching and often insidious. The abuse is often not

[67] interview with a chair of an ethics committee
[68] appendix Q4.6

recognised as such for some years. The decision to make a complaint may only be made after several years of subsequent therapy. Many people feel a sense of shame and/or guilt that they 'allowed' it to happen and are very reluctant to talk about it. However, as several of the Chairs of Ethics I interviewed pointed out to me, it is important in making such decisions that consideration is also given to the care of the counsellors and therapists concerned. Therapists who are not expecting a complaint some ten or even twenty years after the termination of the therapy could have real difficulty in mounting a defence. It seems important to find some balance between the needs of the complainant and those of the respondent, whilst still protecting both the public and therapists.

Comments

This chapter, as its name suggests, is intended as a survey of the present scene with regard to complaints. The intention was to present a summary of information and data that had been collected elsewhere and which was readily available. There was a need to present details of records such as the number of complaints made, the nature of the complaints, who made the complaints and against whom were they made. I was aware of the work of Khele et al in looking at complaints made to BACP and also aware that UKCP had employed a three year long census. However it did not work out as well as I had hoped. The BACP survey produced much valuable information, which I have included above, but the work which has so far been published does not include those complaints which did not get to a hearing and therefore it excludes a large section of complaints which have been made but which were declined or resolved at an early stage. It is possible that these have never been recorded.

The UKCP census returns had not been collated and analysed. No information had been extracted from them. I went through each of the census returns and copied the data into a database from which I did my own analysis. However the rate of return of the census forms had been extremely poor and the census form had not been very well designed and must have been quite difficult to complete. The forms did not request any details of the complaints received, merely numbers. This was very disappointing. The data I have managed to obtain is probably sufficient to indicate particular trends but it falls well short of what is needed for a detailed analysis of the complaints received by UKCP OMs over the last ten or so years. It would have useful to compare and contrast the nature of the complaints receive by the two registering organisations.

Chapter three - Phenomenological research

Phenomenological understanding is distinctly existential, emotive, enactive, embodied, situational and nontheoretic: a powerful phenomenological text thrives on a certain irrevocable tension between what is unique and what is shared,..and between the reflective and prereflective spheres of the lifeworld.[69] [van Manen 1997][70]

Phenomenology – fundamentally 'a problem to be *solved and a hope* to be *realised.'* [Merleau-Ponty 1962]

This is a piece of qualitative phenomenological research using a narrative approach in which I seek to elicit the lived in experiences of people caught up in the world of psychotherapeutic breakdown and complaints procedures.

Husserl asserts that a phenomenological philosopher must withdraw from the world, laying aside theories in order to build anew. Knowledge must arise as his own self acquired knowledge and wisdom [Husserl 1960, p. 2 cited by McLeod 2007, p. 37]. McLeod comments, this can feel very risky, a journey into the unknown.

'*The aim of phenomenology is to produce an exhaustive description of the phenomena of everyday experience, thus arriving at an understanding of the essential structure of the 'thing itself', the phenomenon'.* [McLeod 2007, p. 38]

But what is this kind of experience like? What would it mean for me and my interviewees to produce such an exhaustive description? Findlay [2008, p. 2] goes some way to help us when she writes that the challenge for phenomenological researchers is how to help participants express their world as clearly as possible and for the researcher to explicate these dimensions so that their life world is revealed. She goes on to remind us that 'however rich and comprehensive any one analysis is, it is inevitably incomplete, tentative, emergent, open and uncertain.' [p. 6] This analytical process invariably involves reflective writing and rewriting, aiming to lay bare certain truths while retaining the ambiguity of the experience. She quotes van Manen 'To write phenomenologically is to write poetically'. ' It is 'the untiring effort to author a sensitive grasp of being itself'. [van Manen 1990, p.132]

A criticism often made of Husserl is that he is forcing language to describe what belongs beyond language; but language is the only tool we have.

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69 Lifeworld, a term used by Husserl,' the world that is live and experienced'.

70 quoted by Findlay [2008]

Storytelling as a method of phenomenological research

The custom of recounting events is probably as old as mankind itself, first in drawings and pictures; later in story telling of what happened, when it happened, puzzling as to how it happened. For many thousands of years these would be stories that were remembered and handed down through successive generations. Narrative is a human strategy for making sense of things. Riessman [1993, p 2] writes of how individuals construct past events and actions in personal narratives to claim identities and construct lives. We tell stories to help us understand issues, memories, actions [Bolton 2010]. We give meaning to life and events by retelling the story. Stories, Bolton says, are an attempt to create order and security out of a chaotic world. 'All sorrows can be borne if we can put them into a story' [Isak Dinesen[71] quoted by Arendt 1958] This is as true for me as I seek to tell this story of my research as it is for each of my interviewees telling their stories. My narrative is inevitably a 'self-representation' [Goffman 1959] and of course in this context, it displays how I want to be known!

Story telling needs a listener, someone to hear and appreciate the story. Elliott [2009, p. 12] writes of first and second order stories. First order being the stories that people tell of their lives, second order stories being the ones created by us as researchers as we try to make our own sense of our interviewee's stories. A shift to the second level requires a move to a level of methodology or even epistemology.

Narrative research, as a movement away from the clinical and contrived research methods of the 50s and 60s, has become an increasingly popular method of research. It has been not just a means of collecting data but as a way of producing data. Each participant is constructing their own individual story and although basically I have used a naturalistic approach 'seeking rich descriptions of people as they exist and unfold in their natural habitat' [Gubrium and Holstein 1997, p. 6, cited by Elliott 2009, p.18] I am not unaware of the constructivist approach in that each interviewee and myself have constructed that particular story on that particular day. However I have not felt it appropriate, given the contracts I have with each person, to analyse the interaction between each of us, although I am acutely aware that my own responses during the interview arose not only from the material being presented but also from the dynamics of the interaction between the two of us, and of course from my own dynamics. I do not specifically analyse the way the story was told or the language used although I recognise that they are important. I have accepted the truth inherent in the story, while accepting there is both a 'narrative truth and a historical truth' [Spence 1982] accepting that the truth within each

[71] This seems to have been a saying of hers rather than an actual reference in a book or paper.

narrative does not reveal any absolute truth, but is a way for each interviewee to make a sense for themselves of what happened to them. Some of the events talked about happened several years ago and it is quite probable that each story has been self-interpreted and reinterpreted many times. Any analytic interpretation is necessarily partial, alternative truths that aim for 'believability, not certitude, for enlargement of understanding rather than control' [Stivers, 1993 cited by Riessman 1993 p. 23] I have adopted and used many phenomenological methods and ideas in this research, particularly of the need for immersion in the project but I do not adhere to Husserl's concept of 'certitude'. I take a more constructivist position, acknowledging that while I present *a* truth I do not assume that this is *the* truth. In any situation there can surely never be *one* truth. Truth is many faceted and within each individual there are many levels of truth, many of them still unconscious.

Rosenthal [2003] experienced some of the possible healing effects of storytelling as she interviewed survivors of the Shoah along with their children and grandchildren and also WW1 veterans returning traumatised from the trenches. She contends that conducting a biographical-narrative interview is already a psychological intervention. She explores the chances offered by this method of setting off a healing process but she is also well aware of the risks and dangers involved. To believe, she says that such qualitative research cannot trigger change is naive. When stories are written down they gain substantiality above that carried by memory or speech [Josselson 1996, p. 60]. However while acknowledging the possible beneficial effects to the individual of telling their story it is important not to lose sight of the fact that my storytellers hoped that I could use their stories in order to bring some change to the process in order to work towards a more fair and humane system.

In focusing this research on storytelling I sought to provide a space for the evocative telling of each person's own individual story. I wanted to avoid the more structured approach of much previous psychology investigation and the strictures of questionnaires in the belief that the stories themselves empower the narrator and give a more accurate and possibly more meaningful account of their experience. I endeavoured to present an open ended view. I accept that I do not present any absolute truth, rather holding to the view that all 'truth' is subjective – both that of my interviewees and my own. I present a bricolage of both my interviewees and my own narrative perspectives.

By embracing the idea of a bricolage I gave myself a freedom to pursue different research theories and to move within the world of therapy breakdown and complaints and other areas of investigation as they opened up in front of me [Brenan 1988]. Denzin and Lincoln [1994] refer to bricolage as a personal negotiation through a methodological terrain while McLeod [2007, p.

127] comments that this idea of the researcher as bricoleur was surely intended by Denzin and Lincoln to be subversive, supposedly he had in mind their comment that a bricoleur is one who undermines the operation of 'rhetorical conventions!'[ibid p. 128] As a bricoleur I put aside all assumptions of what I expect to find, I follow no set theory, while borrowing from several theories as they felt appropriate and relevant. Much of my reading about complaints and people's experiences of complaints has taken place after my interviews and analysis.

Since Denzin and Lincoln wrote the above, nearly twenty years ago, this open ended research has become more established method. McLeod [ibid p. 127] goes on to say '..'the bricoleur is someone who fully understands and 'owns'[72] his or her own perspective on research' and that the metaphor of the bricoleur is of the view that knowledge is not produced by method but comes from a broad knowledge of different perspectives and philosophies. [A daunting prospect!] He goes on to argue that the reader of such a project needs also to become something of a bricoleur in order to develop a skill in assembling meaning from what is offered[73]. I have no doubt that any reader of this project and of the interviewees' stories will also find more meaning in it than I have been able to experience or put into words.[74] Hopefully this research will inspire others to further research, and that some of the insights gained into the impact of present complaints procedures on participants will move others to re-examine these procedures with a view to rethinking our approach to therapy breakdown and therapy abuse.

Lincoln and Denzin [1994] suggest that the bricoleur 'cobbles together stories 'rather than producing a grand theory'. This may be true, at least to an extent, in that it *perhaps* reflects a particular way of thinking and working of the bricoleur, of building from a base line [or below] and then allowing the research and particularly the narration to grow organically. This way of thinking and working has its dangers, extreme dangers at times, in that it can become all too easy to be carried away from the main theme on to a side line of a particular line of enquiry. It becomes important not to completely lose that line of thought or inquiry but to understand where it might fit within the main narrative and aim of the research, and to integrate it when

[72] McLeod's own inverted commas.

[73] I couldn't help but wonder on first reading this if he is saying that the reader needs to develop a skill in making some sort of sense of the meanderings of the bricoleur, putting the onus on the reader. But then I thought, we all need to develop a way of understanding works of art of painting, sculpture, and also of literature and poetry. By doing this we encounter some of the richness of the experience.

[74] I have not attempted to analyse the stories from a psychoanalytic stance, or to probe deeply into the causes for the complaints. I was the researcher and not their therapist, and I was not in a position to follow up on the effects of such enquiry.

possible, but not to be too distracted by it. In therapy of course it is these side tracts, the throw away comment that can often project an important light and understanding on the situation.[75]

This so called freedom of the bricoleur often became very frightening, intimidating and even paralysing. Numerous times I have been reminded of the supposed fear of freedom [Fromm 1941] as I sought to turn thoughts, impressions, feelings and dreams into words and to give them some sort of structure in order to place the stories into some sort of context; while all the time, silently and unconsciously fighting my own demons that cast a prohibition on speaking out. While doing this research and investigating further these fears, I discovered a truth embedded in Roosevelt's 1933 address when he reminded us that the only thing we have to fear is fear itself. This is a fear, I believe, that is endemic throughout the counselling and psychotherapy world, a fear of complaints, a fear of being found wanting, a fear of the reactions or opinions of the 'general public', a fear that has either shrouded the whole area of complaints in secrecy and protectionism and or led to the other extreme of publishing every single detail of therapists' perceived 'misdemeanours' in the aim of being seen as transparent[76]. This is a fear that has at time invaded this research. Bakan [1996, p. 5] writes

'One should not become an enemy of knowledge because one recognises danger in it. On the contrary, knowledge is the only reliable way to counter the hurt and harm that can come from knowledge'.

I have always been a bit of a bricoleur; a jack of all trades, a term said to have originated in Tudor times, first as a term of respect only later acquiring the tag 'and master of none'. But it is a term that sits lightly with me. My psychotherapy training, while basically psychoanalytic, also embraced other theories and perspectives and my interests have always included the use of art and imagery in therapy. I also bring into my work and this research my experiences of both the medical and teaching worlds and an interest and a degree in developmental psychology.

3.1 Language

All action and all love are haunted by the expectation of an account which will transform them into their truth. – Merleau-Ponty [1964][77]

In narrative research all we have is language, words, and yet phenomenological research, along with analytical psychotherapy, often invokes language to describe what lies beyond language.

[75] These ideas may of course show up thoughts, and memories from the therapist's own unconscious as well as from that of the patient.
[76] A process known by many therapists as Name and Shame.
[77] Cited by Josselson [1996, p. 60].

Husserl was said to have been committed to the search for 'radical certitude'. It is difficult to comprehend quite what he meant by this, even, whether there can be such a thing. Phenomenological research strives to describe the 'essence of people's experience' but we do not have direct access to other people's experience. All we have is language which is a frail thing. Elliott [1969, p. 17] and Josselson [1996, p. 61] write of the intolerable struggle with words and meanings. In narrative research it is words that we have to deal with and each narrative researcher has to move from the words of the interviewee into their own 'internal reverie' and then back into their own words and understanding. These words then need to be written down because 'written words gain sustainability above that carried by memory or speech'. [Josselson 1996, p. 60]

3.2 Validity and reliability

Texts... are always partial and incomplete: socially, culturally, historically, radically, and sexually located; and therefore never represent any truth except those truths that exhibit the same characteristics. [Lincoln 1995, p. 280 cited in Etherington 2004c]

In quantitative research much importance is attached to validity and reliability. If research were to accurately reflect some characteristic of external reality it could be considered valid. But there is always the relevant question 'Are we measuring what we think we are measuring? If a piece of research can be repeated and the same results obtained, it might be considered reliable. But as Leininger [1994, p. 95] reminds us 'it is awkward and inappropriate to re-language quantative terms or to re-label them as validity or reliability and use them for qualitative studies....' Riessman [1993, p. 65] suggests that there is no reason to assume that an individual's story will, or even should, be consistent from one setting to the next. Traditional notions of reliability do not apply to narrative studies.

The use of the idea of 'measuring' in qualitative research is rarely applicable; the question then is as to whether the accounts given by interviewees can be considered valid representations. For some authors internal validity is thought to be improved by the use of narrative, [Elliott 2009, p. 23] by the use of the narrator's own language - rather than replies to a questionnaire. It is considered, by some researchers, for example, that narrative accounts are a more accurate description of experience. Others assert that these stories are often used by the narrators as a means of making sense of their experiences and may, as a result, distort the reality. Making sense of the experiences may often be an intrinsic part of the research process. The story as told to the researcher may be the only time that the story has ever been told in full.

'Story tellers do more than chronicle events; they also evaluate how and why events occur, determine their meaning and evaluate their meaning....' [Chase 1996, p. 52]

I am not considering that after ten, twenty years my interviewees are giving an accurate detailed account of their experiences, during this time many things will have been forgotten, others will have assumed a significance of their own. It is the memory of experiences that has remained after all these years that has become so important. Several people interviewed said they had meant to get out their old notes but had not 'got round to it'. After our interview one person did look up her file, discovered a letter she had forgotten which apparently discounted some of her impressions. Does this discount her story? Whatever the reality of the day, it was her experience, her perception that she had carried round these years, her perception of the events of the day that did not accord with the panel verdict. A number of interviewees had had accounts of the complaint published in Therapy Today. They were adamant that the account as published was not accurate. Rice [2010] [not one of my interviewees] felt so strongly that he had been misrepresented that he put out a disclaimer on the web.

How then may we check on the validity of narrative research? Chase [1995] is of the belief that narratives do not only tell the story of an individual's experience but provide the means of understanding a broader community. For Riessman [1993, p. 66] the semantic difference between the idea of 'trustworthiness' and 'truth' is important, the latter, she says, is concerned with an objective reality while the former moves the process into the external world. She suggests that there are four ways of approaching validity in narrative research;

Persuasiveness, and plausibility - 'Success depends on the analyst's capacity to invite, compel, stimulate or delight the audience... not on the criteria of veracity' [Gergen 1985 cited in Riessman];

Correspondence, taking the results back to the participants, for verification;

Coherence;

Pragmatic use – that the research may be the basis of others' research.

One of the aims of this research project was that it might be a catalyst for a much wider piece of research. Validation of narrative research cannot be reduced to a set of formal rules or standard tests.

3.3 Social and political issues.

'Narrative scholarship participates in rewriting social life in ways that are, or can be, liberatory' [Ewick and Silbey 1995 cited in Elliott 2009, p.144]

Cooper and Rowan [1999] cited by Bridges [2010] - argue that the major challenge facing present day psychologists and psychotherapists is to find a way of 'embracing critical contemporary thinking without losing the human being in the process'.

This research is focused on the challenge of finding a way of approaching therapy breakdown and complaints in a way that both satisfies the demands of a quasi-legalistic investigation and is also humane.

Narrative research is said to be popular among social scientists because it contains the potential to be both transformative and subversive [Elliott 2009, p. 144] and this research is probably written more from the aspect of the social scientist within me than the psychotherapist, although these two aspects of myself are very closely entwined. This research seeks to be transformative, to influence the way that disruptions and digressions in therapy are handled and to stimulate thought and discussion around different ethical issues encountered within therapy, therapy disruptions and complaints. It aims to be 'subversive and to undermine rhetorical conventions'. [McLeod 2007, p.128]

With regard to the law Peter Jenkins [2007, p. 4] writes 'Therapy and the law enjoy at best, an uneasy relationship. They inhabit different spheres of emotion and logic.' This research shows that this 'uneasy relationship' extends into any dealing with the quasi-legalistic world of a complaints hearing; a hearing held not before a judge in a court of law but before a panel of lay people and therapists. Jenkins [ibid p 7] quotes Bruner [2002, p. 31] where he suggests that narrative theory is the closest area of overlap between therapy and the law in that both activities are based on a form of purposeful story telling. There are difficulties and differences with regard to psychotherapy and the law. Bond [2002, p. 124] suggests 'What is ethical may not be legal. What is legal may not be ethical'. Jenkins' book, Psychotherapy and the Law, is an endeavour to get therapists thinking, talking, about these, sometimes, complex issues. All therapists are bound by the law.

In this research I have focused on individual stories of people caught up in complaints, but as Elliott [2009, p. 39] reminds us studying an individual biography does not preclude an interest in social structures – in this case the structure of the individual organisations and the complaints procedures under which they operate. Plummer [1983] cited by Elliott, argued that studying an

individual biography does not bring with it the isolated individual but an awareness of the individual in society. This was an issue of which my interviewees were aware. They hoped I would use their stories to enlighten the organisations and to bring about change. Agronick and Helson [1996, p. 80] quote some of their research interviewees thus, 'I can see the study as being helpful in future research and education. I enjoyed the concept of being part of this. 'Enjoyed' is perhaps a too emotive word, but my interviewees were pleased that their story would be heard.

Most participants in this research declared an interest in reading other people's experiences, expressing their need to put their experience within some sort of wider context. They were interested in how their experience matched up with that of other people's. I discovered when talking to Chairs of Ethics Committee's that there was often very little communication between these committees and members. Ordinary members of the organisations did not know about the nature of complaints received and often had little knowledge of complaints procedures. There was often an aura of secrecy around such matters.

3.4 Ethical issues – a sensitive topic of research

'Considerations related to the wellbeing of the human subject should take precedence over the interests of science and society'. World Medical Association Declaration at Helsinki [2000]

In conducting this research I have been mindful of my own registering body's code of ethics alongside the codes and guidelines for research issued by both UKCP and BACP. The maxim of 'Do no harm' was always uppermost in my mind during my work as both therapist and researcher. BACP emphasises the importance of trustworthiness and the quality of the relationship between participants and researcher and of managing risks and research integrity.

When considering interviewing those who had been involved in a complaint, I was aware I was approaching a very sensitive topic, [Brannan 1988; Lee 1993; Liamputhong 2007] that I was exploring what had been for many of my interviewees a very painful experience. I realised that in asking participants to talk about events of ten or even twenty years ago I risked stirring up memories and many of the painful feelings around the experience which may be further exacerbated when they read what I have written concerning them. For those for whom the events are more recent the pain and often confusion is still very real and raw and was apparent in the interview. I was particularly aware of the importance of not to probing too deeply. It was always important to preserve the distinction between myself as therapist and as researcher, but

with the former supporting the latter. The level of sensitivity I showed in each interview was of prime important.

The issue of informed consent was also very important. I aimed at a collaborative process and I endeavoured to make interviewees aware of each stage of the research. I aimed to be open about each stage of the process, but however much one may try it is doubtful how really informed so called ‘informed consent’ can be. Neither of us in this encounter could know in advance where such remembrances could lead, what thoughts and feelings these interviews could evoke in either interviewee or researcher. Narrative research is an unfolding process. Containment of the whole process and the information offered was paramount at all times. To contribute to this process I set parameters on the areas of discussion [see appendix 3]. At each stage participants were free to withdraw from the project or to delete or change any comment which had been made.

In my Learning Agreement I suggested that I would follow up the initial interview with a second one some weeks later. I did not do this. Partly this omission was a question of logistics; - the time and distances that would be involved made such a venture difficult. But a more important reason was that each of us, interviewer and interviewee, in each encounter, almost unconsciously, brought about a certain closure to the interview. Our interaction thus became contained within each meeting. To go back would have seemed like opening up again all the emotions and feeling of the complaint and of our meeting. It would have taken the interview on to a different plain. The one meeting became enough to convey the experience. I was also very conscious I was meeting each person as a researcher and not as a therapist. When I sent interviewees the transcript of the interview and then a copy of my selected passages they were all offered the opportunity for further comment. Some people made a few changes to the script but most expressed their satisfaction with my choice. The interaction was, to an extent, closed. I have sent shorten copies of this completed research paper to all interviewees. Many have replied, thanking me for the copies, some commenting on the contents, others commenting that there is still ‘much to be done’. I invited all to contribute to the ‘way forward’.

In writing about people’s lives and experiences we risk stirring up a number of narcissistic tensions in both the participant and the researcher, Josselson [1996, p. 64] using ideas from Kohut [1971] writes ‘that we risk, in narrative research, evoking the dynamics that emanate from the unconscious grandiose self, and therefore of possibly evoking a sense of pleasure, embarrassment or shame at having been written about. The selection and interpretation and presentation of interviewees’ material are my own. For this I alone am responsible. As Chase [1996, p. 57] reminds us, we should acknowledge to our interviewees, that in the end we claim

authority over the interpretive process. I am aware that at that final stage all participants are left to deal with any of my failures in the way I have presented their experience, and the realisation that however much I have tried to include them, ultimately they are not in control of the final process. Small wonder that Josselson [1996, p. 62] [and myself,] should worry about how people would feel about what we write about them. She worried that the writing down of the story could be intrusive, there were so many limitations of language, and she went so far as to say that she often felt that 'every act of writing a person's life was a violation'.

There was an underlying tension that I needed to hold throughout this research. As a phenomenological researcher, there was the wish to give my interviewees a space in which to tell their story, what it was like for them to have lived through that experience, but telling the story, even for the Chairs of Committees, often became an end in itself. For many participants it was a way to verbalise thoughts and feelings not previously expressed. The expectations of many of those taking part in this research was that I would use their and my experience 'for the greater good' to try to change procedures. Many stated that they came into the project with the idea that 'something needs to be done'. This tension is recognised by Kant and those following his ideas when he says that people should be treated as ends in themselves, while for the utilitarian the individual should be subsumed for the greater good, as a means to an end. Utilitarianism, Kant argues, leaves people vulnerable [Sandel 2009, p.106]. This tension was important throughout this research. There was of course a third dimension within this. I wanted something from them. I was interviewing them for material for this research and possibly a doctorate.

While trying to use a phenomenological approach in this research I have tended to accept what people have told me – while accepting that that is their construction of the situation on that day and with me. I have tried to rid my approach of [some] layers of assumptions and projections.

3.5 The research process

Interviewees

Three people offered to talk with me once they knew the topic of my research; others came through introductions from colleagues; one through personal contact, the others came through appeals to the two UKCP Organisation Members to which I belong, and from the BACP website and journal[78].

[78] appendix 1

All except one of the complainants interviewed were therapists. This lack of lay interviewees might be considered a weakness in this research. There is, by its nature, no available pool of lay complainants from which to recruit interviewees. The main organisation offering help to would be complainants, Witness, a possible source of interviewees, had closed due to the loss of grants. The key figure in Witness, Jonathan Coe went on to co-found The Clinic of Boundary Studies. This is an organisation mainly concerned with running courses for health professionals and offering help to such professionals facing complaints. They now only offer a very limited one-off free consultation to therapy victims.

Prior to the interview all interviewees were sent a letter explaining about the research, a copy of the contract[79] and a list of areas I wished to explore[80] I did not ask for any details of the complaint before the interview. I did not want to have any preconceived ideas about the nature of the complaint or the therapists and complainants before meeting those concerned. All except one of the interviewees were personally unknown to me before the interviews took place.

As the research progressed and people talked with me about the difficulties they encountered with subsequent therapists after they had made a complaint I sought to talk with therapists who had taken on, as patients, anyone who had made a complaint about their experience. Nobody responded to my appeals to both BACP and UKCP OMs. I was not in a position to explore why this should have been so. One therapist contacted me later to talk about the difficulties she had encountered when working with a patient whom she felt had very good cause to make a complaint about a previous therapist but was too anxious to do so. Symons research [2012] on why people do not complain will possibly show many others in this position.

Interviews were conducted in a place of the interviewee's own choosing, mainly in their own consulting rooms. Later as I interviewed people in Europe, and in distant parts of the country I had to resort to the use of the telephone, but I was always aware that this felt second best. With a phone interview I was deprived of all body signals and facial expressions and, hardest of all, were the difficulties around silences. To sit in silence with someone is one thing but it was quite different to manage a silence on the phone when it was more difficult to assess their emotional response and on a practical level when I was never sure that the person was still there and that we have not been cut off. [this happened more than once].

Participants knew that interviews would be recorded and that all tapes would be destroyed at the conclusion of the project. Any concerns expressed by participants would be talked through. This

[79] appendix 2
[80] appendix 3 & 4

included issues regarding their freedom to stop the interview or to leave the project and any concerns about confidentiality and anonymity. At the end of each interview I always tried to allow time and space for interviewees to talk about any feelings evoked during the interview, for them to ask about the research or just to talk about themselves, to leave them in a peaceful state of mind.

I typed all interview transcripts myself and copies of these were sent to participants with the invitation to change or delete anything they had said. It was an opportunity for them to reflect on their story and for each to have their own record.

After I had made selections of the passages to include in the project interviewees received copies of these with an invitation to comment and to add or delete anything. It was important to me that they were satisfied with the selection; that they felt it gave an accurate and fair reflection of their experience and that it met the level of confidentiality and anonymity they felt they wanted. Interviewees were also asked if they were willing for other interviewees to see their submissions. Two people did not reply, the others were content with my selections, they asked for few changes and all were interested in seeing other people's submissions.

I had hoped that by sending interviewees a copy of the transcripts, and the selections from these, it might have generated some sort of interchange about the interview and their feelings about it, but that was not to be.

3.6 Reading the transcripts and the selection of material.

Recordings were listened to and transcripts were read many times. Gradually recurring themes, thoughts, ideas, experiences began to stand out. Texts were highlighted, numerous lists were made, and cross referenced. Eventually I began to group together the different experiences. Excel files were constructed, and deconstructed many times before eventually I made decisions as to which quotations to include. Participants had experienced many different situations, cases called off at the last minute, others that had gone on to a full hearing, others settled before they reached the stage of a hearing. I was looking for similarities and diversities. I approached this task with an open mind and no particular theory. At this stage groupings were still under the different stages of the process and still attributed to each participant, but as I reflected on these findings other underlying themes began to surface and began to form themselves into the section I have called 'discussion'. This section moves beyond the demarcation into stages of the process and shows how particular experiences and feelings were not confined to one stage of the

process but often pervaded the whole experience, for example the difficulties in adjusting to the quasi legalistic world of the complaint, so different from that of therapy, the difficulty of finding the right words to express their feelings and the lack of support felt by so many of the participants.

As most of the participants in this research were therapists many of them have expressed a particular interest in seeing my final document and, I hazard, will look out for any articles I might write.

3.7 Expanding the horizons

I realised that in order to understand the experience of all those caught up into the various complaint systems it was important that I immerse myself in the whole complaints process. I could not understand the experiences of the complainants and therapists in isolation from the whole setting in which complaints take place nor without understanding the thinking and rationale behind the process.

I had to immerse myself in the world of ethics, Committees, tribunals and many written documents and. I needed to explore and familiarise myself with the way these systems worked. It was important to meet with those involved in operating these procedures. How did they work, how did they think, what were their experiences? Later the experiences and numbers of complaints within the psychotherapy world would need to be seen in relationship to complaints in the outside world[81].

In order to gain an understanding of this wider world, and to put the therapists and complainants' experience into some sort of perspective I interviewed Chairs of Ethics Committees from BPC and UKCP, a lay Chair of a UKCP appeals panel, and the Professional Conduct Officers from UKCP and BACP, seeking to understand their perspective and their experience of these roles. I endeavoured to interview representatives from the various modalities within UKCP. Interviewees came from all over the country. I asked them how they went about their work of talking to possible complainants, often managing to settle concerns; how they approached the work of pre-complainants panels and the actual hearings. I asked about their feelings and experiences. I was not able to talk with panel members from BACP in spite of several requests.

[81] ' the significance of any event can only be understood in its wider context. Wertheimer's primary law of 'place of context' – significance is a function of position in a wider framework. [Holloway & Jefferson 2004]

3.8 Extending the insights of the research and working for change

I have used my experience on Ethics Committees to increase my understanding of the world of complaints for this research, while at the same time I have used the experience of this research in my work on the various committees, especially the PCC and in reviewing the new Complaints and Concerns Process which is committed to developing some form of ADR.

I attended an UKCP appeal as an observer and served on a complaints panel. The appeal concerned the legality of [the right for] the OM to refuse to hear a complaint. It turned on whether the OM in question had followed their own complaints procedure. It was a quasi- legal case and it was interesting to see the lawyers at work, and to see the detailed way they cross checked everything against the organisations' codes of ethics and complaints procedures. I also served on a panel hearing a fitness to practice case, a case of sexual abuse by the therapist of his patient. The complaint was not contested. Both parties agreed to their written submissions being accepted without having to be read out and the complainant did not have to be questioned. I considered that the case was handled as humanely as possible. A complaint such as this can never be easy or painless, often evoking feeling of shame and guilt. It is the responsibility of the Chair, panel and clerk to conduct the proceedings as humanly as possible.

Requests to sit as an observer at a BACP hearing were refused. It was considered that this would be too disturbing for the complainant.

As I extended my investigations into the whole field of complaints, I became immersed within the research, often feeling overwhelmed with so much information, so many emotions evoked, yet convinced that the significance of an event can only be understood in it wider context[82]. For periods of time I had to just stay with what felt like chaos, waiting for the turmoil to resettle, believing that order would come out of the chaos while not yet knowing the shape of this new order.

[82] In doing this I am still within the parameters of my Learning Agreement [LA]

Chapter four - Confidentiality within the complaints process

4.1 Third party confidentiality

"*In telling my own story I am inevitably telling other people's stories and I have no permission to do that.* [Etherington 2004a, p. 91]

My fairly extensive reading about becoming a reflexive researcher has made me well aware that writing about my early experiences would expose me to problems and dilemmas in connection with confidentiality. To write of my early experience and the situations that have led me to undertake this research presents me with personal anxiety and an ethical dilemma as to how to protect the confidentiality and anonymity of myself and the people who were involved in any way in my personal drama which was played out so many years ago. There were many people involved, it was a long time ago and they do not know that I am doing this research. No one has been asked for or has given informed consent to my writing about those experiences. I quite purposely did not quote anyone directly; I just tried to give an overall impression of my experience.

Etherington [2004] while advocating the use of one's own self in research does acknowledge the need to tread 'a careful line 'between telling one's own story and other people's right to privacy.

Morse [2000, p.1159] discourages her students from writing of their own experience.

'As such, writing about others violates anonymity. If these "others" do not know about the article, it still violates their rights, for they have not given their permission and they do not have the right of withdrawal or refusal the informed consent provides.'

There is a real ethical dilemma on how to protect the anonymity, confidentiality and privacy of all third party participants when using a narrative form of research. Each one of my interviewee's accounts of their experiences, whether as therapist or complainant, involved at a minimum talking about the corresponding complainant or therapist, along with members of the different panels. All unknowns to me, but a story might possibly be recognised by someone close to one of the participants.

Although I have received permission from my interviewees to use their material it has been a major concern of mine to preserve the anonymity and confidentiality of not only the interviewee

but also those other people who were brought into the story. In this research all names and some details have been changed, and the material has been presented in as ethical and caring a way as possible.

Those stories that involved third party complaints were the most difficult to disguise. The two people involved in reporting their experiences of bringing third party complaints were both concerned about anonymity for themselves and for the person complained about. Both interviewees have seen what I have written and have given their consent.

I have sought to preserve anonymity for therapists and complainants as far as possible even when the account of the complaint has already been written up in detail in a journal or on the web – thus possibly making them recognisable. To achieve complete anonymity the details of stories would need to be extensively changed and would no longer be an accurate account of their experiences as related to me. Complete anonymity and confidentiality is not possible and I believe this was a condition accepted when people agreed to talk to me. I have tried to include my interviewees at all stages of the journey on the premise that consent is not a once and for all process but must be on going and as far as possible must be an informed consent. For this research, - a research on a very sensitive topic – it becomes especially important not to repeat the 'violation' of the therapy which had already been a cause for complaint.

Patient confidentiality is an on-going matter of concern and argument. The question arises over the issues of disclosing patient notes; the process of lodging and defending a complaint; the legal demands of the courts and state for details of the patient's state of mind and the therapist's behaviour and opinion. Levin and Furlong [2003] edited a number of papers exploring the issues of confidentiality in areas such as clinical practice and training. As an epilogue they included Anne Haywood's reflections on the paper she wrote in 1965 which at the time had been printed anonymously in the Lancet. She had risked being sent to prison when she refused to disclose confidential details about her patient. This has become a much quoted paper in discussions around confidentiality.

In 2000 The General Medical Council [GMC] decreed that 'patients have the right to expect that you will not disclose any personal information that you hear during the course of your professional duties, *unless they give permission*'. Hayman [2003] does not agree with this last italicised phrase. She argues that it is not necessarily an informed consent [my paraphrasing].

Although the concept of confidentiality is central to ethical practice, Palmer Barnes [1998, p.41] argues that it can be practised in ether an absolutist or pragmatic way. When practised in an absolute way it can lead not to confidentiality but to secrecy and isolation. She argues that when

practised in this absolute way it can actually be detrimental to the patient's interests. When absolute confidentiality is practised by an Ethics Committee it can be detrimental to the health of the organisation and to any persons caught up in a complaint.

4.2 Ethics Committees: Confidentiality v Secrecy

One of my interviewees spoke of her memories when she was a trainee, 'Of the Ethics Committee being shut away in some great citadel, remote from the rest of the organisation and the training'. This can feel especially true when the Ethics Committee is not seen as taking an active part in the organisation, not being, as Samuels[83] once advocated, the heart of the organisation. A number of interviewees who were Chairs of Ethics Committees talked of how they struggled over this issue of confidentiality, 'tied themselves in knots over these issues and began to be quite secretive about it all': secrecy which can then begin to carry with it auras of specialness.

A senior analyst, interviewed for this research, expressed the view that when it came to matters of confidentiality and secrecy many people got quite muddled over the issue and this, he said, included people on Ethics Committees. Usually, he thought, this arose for defensive reasons, because of anxiety, which brings about a kind of regression of people's thinking. He considered it to be a regression from a capacity for concern to a narcissistic issue. As a guide line he thought of confidentiality as essentially concerned with the object [others] and secrecy as concerned for the self or various self representations which included the institution and the interest groups one represents. Certainly that would fit with my own experience and for those of my interviewees, especially as they struggled with their anxiety around the ethical and practical issues that arise when dealing with a complaint.

Organisations are becoming aware of the need for more transparency and openness in the way they deal with complaints. As long ago as 1998 Palmer Barnes was writing that professional affairs could no longer be dealt with in secret, but the progress to a more open way of dealing with complaints has been slow and often very controversial. One issue that has caused much discussion and difference of opinion is the way the outcome of complaints hearings have been made public. It is generally agreed by the three psychotherapy organisations that if a complaint is upheld, ethically this can no longer be kept confidential or secret. It is to whom and in what manner the findings of the panels are declared that has caused so much discussion and disagreement. The development of organisation web sites has had an enormous effect on such

[83] UKCP Ethics Conference

decisions. Information on the web reaches many more people than does any organisation newsletter. The BACP process of publishing very detailed reports of hearings in their journal and on the web is not one favoured or adopted by the other two organisations. In the three year UKCP census OMs were by no means unanimous in their approach to the publishing of details of complaint hearings.[84] Many organisations were reluctant to publish details. However this census was some three years ago and opinions do change.

BPC publish brief details of any suspensions or terminations of membership on their websites and in their journals.

UKCP [2012] are in the process of issuing a new publication policy with regard to complaints. They are committed to 'transparency and openness' while at the same time 'recognise its responsibility to protect the confidentiality of its members'. They will not publish alleged facts relating to the complaint, only the nature of the allegation and any panel decision.

4.3 The Complainant's Confidentiality

All three organisations now state clearly in their Complaints Procedures that once a complaint is made *'The registrant is released from the obligation of confidentiality to that patient to the extent reasonably required to enable the registrant to respond fully to the complaint under the Complaints procedure'.* [85]- or words to similar effect.

In order to make his/her response to the complainant's accusations the therapist needs to be able to use some of the contents of the therapy sessions. The important section of the above is that it is important that disclosure should only be to the extent of that essential to the therapist's defence. It should not be used to denigrate the patient or his/her testimony. The aim needs to be to inflict as little pain as possible. But as one of my interviewees commented, it was [possibly] her career that was at stake, she intended to defend herself as strongly as possible.

It is only recently that organisations have inserted this clause into their Complaints Procedure, thus making the situation quite clear to any would be complainant.

Sunderland [2003p 191] writes of 'Outing the Victim' where the details of the complainant's life and therapy details became known to the extent that her privacy was breached. He argues that 'Confidentiality is a rule intended to respect privacy in particular circumstances. The right to privacy is broader than the right to confidentiality and is recognised in law. Its cultural sources are respect for human dignity and awareness of what nourishes or harms it. There are

[84] appendix Q4.6
[85] BPC Complaints procedure 2011

occasions', he argues, 'when the ordinary legal obligation to respect privacy moves towards an ethical duty of confidentiality'. 'Violation of this privacy', he says 'is a misuse of power'.

Sunderland's comments are a salutary reminder for therapists preparing their defence.

Chairs of Ethics Committees referred to in the text.

Brion*	Chair of Tara Ropa Therapy Association.- CCP
Mary	UKCP – College of Hypno-Psychotherapists
Kate	Chair of Ethics UKCP - CPJA
May	Former Chair of Ethics UKCP /BCP
Miriam	Chair of Ethics UKCP -CPJA
Richard	A senior clinician - BPC
Mark	Chair of Ethics – UKCP- HIPC

All names except that of Brion's are pseudonyms. Brion gave permission for his name and the name of his organisation to be used.

Chapter five Interviews with Chairs of Ethics Committees

As part of my research into complaints I interviewed a number of Chairs of Ethics Committees across a range of organisations and modalities in both UKCP and BPC.[86]

Members of Ethics Committees play a crucial pivotal role in dealing with all complaints. Each complaint that is made takes place within the context of an organisation and consequently within a particular code of ethics and procedures. It is the members of Ethics Committees and panels who make the decisions with regard to these complaints and these are decisions that can affect both complainants and respondents practically and emotionally for the rest of their lives.

My experience of interviewing therapists who have had a complaint made against them and patients who had made a complaint, has shown me that their experience of contact with these people, these members of Ethics Committees and panels, is still very much alive and painful, often after many many years. [chapter 6]

I wanted to know about the experiences of the people on these committees who are perceived as so powerful by both complainant and respondent during those complaints procedures. What was it like to be making such decisions? I am vividly remembering my own experience and anxieties so many years ago when chairing a complaints procedure and when drafting a complaints procedure. I am also interested in exploring the roles of the Ethics Committees within the various organisations; how people became members; what training and support they received, and what provision there is for any learning from their experiences. In effect, who are these people and what do they do?

I began this exploration by interviewing two people from BPC. Richard, who was a senior analyst, had been involved in the rewriting of the complaints procedure after the organisation had voted unanimously to move from a position wherein complaints were heard by the individual Member Institutions[MIs] to one where complaints would be heard centrally. A move, he said, that brought 'a transparency to the system to counteract the many charges of nepotism and brushing under the carpet of the old system'. A counterbalance to the previous system wherein members were hearing complaints against their peers, and members were often being tried by colleagues and even friends. As I interviewed members of other committees from both BPC and UKCP, I heard many times of the inherent difficulties involved in the system of

[86] Brion was happy to be quoted, all other names are pseudonyms.

complaints being heard within the organisations where members, particularly senior well known members, have had a complaint made against them.

There have been many radical changes within BPC in the last few years, they have even changed their name from British Confederation of Psychotherapists to the British Psychoanalytic Council, thus emphasising their psychoanalytic approach, in contrast to BACP and UKCP who both include a wide range of modalities under the one umbrella.

As a member of the BPC Ethics Committee Richard is not directly involved in hearing complaints, this responsibility has been devolved to panels selected from a group of senior members drawn from all the individual Member Institutions. The Ethics Committee now has a more executive role separate from the judiciary. He considered this separation of executive from the judiciary to be very important.

Richard made the point that there was a strong tendency for people who were anxious, to seek a legal solution to an ethical problem. One of the first things he did was to change the language of the complaint away from legalistic into more ethical terms. The question as to whether there was a 'Case to answer'[87] in terms of the complaint has now been changed to the idea of establishing whether there had been a 'potential ethical breach'. He readily accepted however that there had been many times when they had needed legal advice. BPC have lawyers among their lay members of panels, but lawyers and lay people never chair these panels.

May had been the Chair of an Ethics Committee of an organisation within BPC which was in the somewhat unusual position in which some members were registered with UKCP while others were registered with BPC. They therefore ran a dual system of hearing some complaints within the organisation for UKCP members, while sending others to BPC to be heard. All potential complainants would contact her first. Much of her time and energy was spent working with what she called these pre-complaints, facing the thorny question, she said, as to 'When is a complaint a complaint'? She talked about the importance of the initial discussion with any potential complainant. She emphasised the need to make clear to the complainant what would be involved in making a complaint.

As Chair of Ethics in relation to the UKCP members she said she often felt lonely and isolated, unable to talk with anybody about the problems presented to her because of the way the organisation was set up in that members of the Ethics Committee might also be on panels hearing a complaint, a process that BPC had tried to avoid by the separation of roles of

[87] See appendix 18 for explanations of 'prima facia case' and 'case to answer'.

executive and judiciary. May's main help came from her predecessor, but, she said, they often 'got tied in knots' over their 'terror of leakage', of supposedly breaking of confidentiality. She had no effective way of sharing the burden, the burden of a perceived need for confidentiality.

She talked of the work they had done on trying to develop a transparency in their work, and of how difficult it was to marry transparency with the need for confidentiality. This conflict between confidentiality and transparency was one that many interviewees talked about. At one of their training days the trainer[88] reminded them of the need to share their experiences, that was where their learning was and for them not to be too scared about leakage, because, she said, 'we don't learn if we don't share.'

May remembered being a trainee, when 'the Ethics Committee and the work that it did, seemed to be shut away in some great citadel'. 'So I guess', she said, 'it's [the isolation] always been around. But I'm not sure how we ended up with these procedures that have felt so very concrete'. She was often seen as having enormous power, while personally struggling with feelings of disempowerment, particularly, she said, because the very procedures that were supposed to help them were often those that disempowered them because they were so impervious.

When working with complaints against members belonging to BPC May felt more supported, here there was a place to discuss some of the problems and share some of the responsibility with other members of the group because they were not intimately involved in the complaint. As she thought further about her role she reflected as to how she would be perceived as both the saviour and also as the hated one: - 'always in a sort of rarefied archetypal sort of position.' Difficulties came, not only from being in the front line of telephone calls which were often abusive but also from the high level of projection from the membership as well as from the public. She felt that working on the Ethics Committee 'brought up massive amounts of guilt and shame, all the things that we all find difficult to bear'. 'Maybe', she thought, 'we are all acting something out by being part of this process'.

The organisation had regular training days for the Ethics Committee and panel members. May remembered one where they were exploring the impact on panellists of dealing with complaints. Out of that day came a whole lot of sharing about the experience of being so isolated. May emphasised that the work was profoundly disturbing. She spoke again of the levels of projection all around, all of which she is required to contain, and sometimes cannot do it.

[88] Fiona Palmer Barnes

Kate - the Chair of Ethics in a relatively small organisation within UKCP and CPJA – also talked about the issue of confidentiality. 'I was obsessively secretive if you like, and so careful, every communication was almost in code. I can't tell you what lengths I went to keep things confidential and secret'. She said she got caught between protecting the confidentiality of the therapist while suddenly facing the difficulties of balancing the interests of the therapist, the members, the public and the needs and confidentiality of the complainant.

For Kate there had been a conflict around the issue of whether to publish the outcome of a hearing; there was nothing in the organisation's procedures to guide her on this issue of publicity. She argued, if there was a termination of membership, that was straight forward, but if there were sanctions, do the public really need to know?[89]

When I asked her about her response to UKCP complaints being heard centrally she personally was in agreement, having gone through a complaint process, she would 'much rather someone else did it'. Yet there is, she said 'a conflict, a minefield', particularly in terms of her concern as to whether a central investigating panel would go into the same level of detail with which they, as an organisation work, with those people who phone or write in expressing concerns about their therapy. She is not very confident about the way the central complaints procedure is developing, nor can she predict the attitude of the rest of the membership. This organisation has difficulty recruiting members to serve on the Ethics Committee.

Many organisations' investigating panels, including BACP, say they will talk with potential complainants on the phone. None I have interviewed , actually met with enquirers or potential complainants.

Mary is the Chair of Ethics of a very small hypnotherapy organisation[90]. She deals with 'many unhappy clients' over the phone. Because of issues with regard to confidentiality she tries to limit the number of people knowing about any potential complaint. She feels unable to delegate any of the work and in consequence feels that she is doing everything herself. Most concerns she says are 'niggles' rather than questions of 'fitness to practice' issues. Many people do not want to go as far as a tribunal, 'they just want to tell someone they had not liked something that had been said'. Often there had been a mismatch of expectations and what hypnotherapy can offer or achieve. These talks take up a lot of her time as she will often talk to both practitioner

[89] BACP publish full details of all upheld complaint on both their website and in their journal, UKCP publish brief details of fitness to practice issues on their website and journal. Attitudes of the OMs towards publishing are analysed in appendix Q4.6

[90] Mary was happy with this introduction even though there might be a slight risk to her anonymity.

and clients. No complaint has ever got as far as a tribunal. Often complaints, she said, are submitted by email, impulsive and on the spur of the moment[91], sometimes regretted later.

Mary is frequently desperate to get people to serve on committees and panels. Their organisation is not a training organisation, all members are already qualified, and she feels this has a definite effect on member's willingness to be involved. Because she is not connected with any training this means that she has little knowledge of what previous ethics training the members have received. Hypnotherapy – as practiced by this organisation - is mostly short term work; it is not usually about relationship building and can be quite confrontational. Mary felt that most of the therapists were afraid of complaints and do not want to be involved. Not all members of the organisation are required to have personal therapy as part of their training". Miriam as Chair of Ethics quite recently had to deal with a complaint which she, on behalf of the organisation, brought against a member. The organisation has written guidelines for complaints, but she said 'it is not the same to actually carry them out'. 'In practice you are dealing with human beings, it is not so mechanical and there are a lot of issues to look at'. The organisation had never had a complaint before so there was no record to follow. The members of the Ethics Committee were inexperienced, they worried that things would go wrong, and they worried that they would have a complaint made against them. If anything went wrong she felt the whole organisation would be blamed. She felt so responsible, not only for this particular complaint and the whole complaints system but also for all that she ethically stood for. She relied heavily on the advice of the Chair of Ethics of her college, felt sure that she just could not have coped without this help. There was so much to do, so much anxiety – even drafting a letter to the person complained about caused anxiety; there was no pattern, no example to follow.

As a result of this experience Miriam has begun to think anew about the need for training. Their training course has no ethics component and the Ethics Committee no specialised training. She is thinking of organising a CPD day. She also plans to institute some training in ethics for students, hoping that it becomes a core item on the course, this was not something previously given much consideration. This will entail establishing a new co-operation between the Ethics and the Training Committees.

Like Kate, Miriam would welcome complaints being heard centrally but doubted whether that was the attitude of most of the members of the organisation. 'But then' she said 'they haven't had my experience'.

[91] Most organisations will not accept email submissions, documents must be signed before they can be accepted.

Brion[92] is the Chair of Ethics of a very small organisation offering therapy based on Tara Rokpa philosophy and therapy. They also have a clinic for Tibetan medicine. They are registered with UKCP and the Constructivist College. They have never had to handle a complaint. There is a standing Committee for hearing complaints with two senior members and one lay person, but they have never met. He commented that they can become operational if needed but they have had no formal training in hearing a complaint. He agreed that training would be useful as he considered that many complaints are mishandled in the initial stages.

His map for dealing with a complaint would be that the person who handles it first would follow the case right through; there would be fairness and transparency so that the person complained about would know right away the nature of the complaint and that when it went to the hearing everything was done properly. If a member of the organisation was having difficulties with a particular therapist they would encourage a facilitated dialogue. The organisation tries to solve difficulties locally as much as possible. They try different ways of working, they 'downsize' the therapist,' try to see the therapist as very human and to see that they have inner resources'.

With regard to the proposed Complaints and Concerns Process Brion was very hesitant, saying it would probably be a good thing, acknowledging that this is something UKCP has struggled with for years - agreed that UKCP certainly needed to hear the more serious complaints that the smaller organisations could not handle. At present if his organisation did have a complaint they would have to look outside the organisation for panel members. Ethics is a major topic in the organisation's training, it is woven throughout their training programme and there is a demand for regular CPD for all members, some of which has to be taken outside the organisation.

The organisation is particularly concerned about the power relationship within therapy and the stance of the therapist. Their whole approach to therapy is an ethical issue including their approach to trainees. The organisation runs residential workshops as part of the therapy. They use the rules of therapeutic communities, mindful of the sometimes complicated ethical issues when clients and therapists are living together in community.

I asked Brion whether he thought that it was the type of therapy they offered which had contributed to the fact that they had never had a complaint. He thought that there may be some truth in that but he considered that it was the skill of the therapist and the experience and maturity that was of prime importance. Theirs is a long training, part of which is residential, and ethical issues are paramount.

[92] Brion agreed to his name and the name of the organisation being used..

Mark is Chair of Ethics of another relatively small organisation offering a training which has evolved as a synthesis of Buddhist and western psychology. One of the few psychotherapy organisations, he said, that has an overtly spiritual element to it. Their way of working is based on mindfulness, being aware of the moment and the complexity of the field of operation. He supposed that there was something intrinsically ethical about their whole way of working. The Ethics Committee straddles both trained members and students in training. Originally they had a student representative on the Ethics Committee but there were difficulties in that there were often confidential matters to be discussed when it would not be appropriate for the student to attend. The plan now is to have one extended Ethics meeting a year to which students from each year would be invited. Ethical principles would be discussed in a way that is helpful, imaginative and non-fearful and would be something more than a study of a Code of Ethics.

When talking about the complaint the organisation received about two years ago Mark spoke of the real difficulties around confidentiality and maintenance of boundaries in a small organisation where everyone knew each other. The complaint 'sent shock waves through the whole organisation'. It was difficult to find anyone to be on the committee to hear the complaint who didn't know the person concerned. Mark made the point that by just asking who could hear a complaint you are going to name a name, there is already a boundary issue around confidentiality. 'There is something about the association of an individual with a complaint that is obviously harmful to them and their reputation, even if the complaint is not upheld'.

They hoped to be in the forefront of any trial of the proposed central complaints procedure.

A live issue for several of the people I interviewed was that of lay members on the committees and panels. Those organisations who had lay members spoke enthusiastically about the valuable contribution they had made to their organisation. However in the last year of the UKCP census, 2009, only some 27% of organisations had lay members on their panels.

Third party complaints against therapists.

Two members of Ethics Committees who were interviewed had become involved in third party complaints, for both it had been a difficult and painful process.[93] Andrew had been a member of an Ethics Committee, not yet the Chair, when their organisation began to receive a number of concerns voiced by individuals and local women's organisations and societies about a particular counsellor who was said to be having sexual relationships with his clients – all adults, but

[93] Please note in order to try to preserve the confidentiality of my interviewee, members of the organisation, and the therapist concerned some of the peripheral details have been changed. Both have seen this account.

vulnerable adults, as Andrew reminded me. After a while the committee began to keep a note of these instances. No one was willing to make a formal complaint, but the organisation was being urged by local organisations to 'do something about it'. Many of the concerns on the file were confidential, the people involved did not want, for various reasons, to have their names disclosed. It was early days, over 25 years ago, organisations were still in the process of defining their codes of practice. Even though it was that long time ago it remained still alive enough for Andrew, for him to want to talk about it. At the time there was no set procedure in place for dealing with such an issue, but by this time it had become so important they could no longer ignore it, 'they were not comfortable with just doing nothing'. The counsellor concerned was asked to attend a meeting where his behaviour would be discussed but it was not a formal Hearing. It was difficult; the committee felt their hands were tied in that they could not cite actual instances of his behaviour because of issues of confidentiality. The counsellor was questioned, and the case eventually turned on the issue of informed consent after he admitted there had been instances of sexual relations. He argued that 'they', the victims, were adults and had given their consent. The committee contended that this could not be considered as informed consent.

On his admission that there had been sexual relations with his clients, the membership of the counsellor concerned was terminated and he was granted no access to an appeal. But as Andrew recognised, termination of membership does not debar anyone from continuing to practice; such a decision has no legal standing. The profession is not legally registered.

Since that time the organisation in question has brought in more guidelines about third party complaints, even allowing the organisation to bring a complaint against a member. They recognise that legal advice throughout the process is essential. However it is recognised that without someone coming forward there can often be little real evidence with which to bring the complaint.

Caroline although not a member of an Ethics Committee was anxious to talk to me about the situation some years ago where their organisation was hearing similar stories as those outlined above concerning a therapist sleeping with his patients. She had not been directly involved in the hearing that took place but she introduced me to Melanie who had been more intimately involved. Melanie was quite keen to talk to me when she knew of this research. Her story was somewhat similar story to Andrew's although the incidents in question had taken place more than ten years after those in which he had been involved. Andrew and Melanie belonged to two very different registering bodies, in two different parts of the country and with different codes of ethics and complaints procedures.

As in Andrew's case, accounts had been heard over many years by therapists and supervisors that a senior member of the organisation was having sexual relations with his patients and students. The organisation felt powerless to do anything about it, the information had been learnt in confidence and not in the form of a complaint. A student then told her supervisor that she was having an affair with her tutor [the person concerned about]. Melanie was told about this, she felt concerned, talked with other senior members of her association and eventually it was agreed that the head of one of the committees would take out a complaint against the therapist. The argument was that it was 'now out in the public domain'. Melanie was asked to appear as a witness. But every one now backed off, no one would come forward to testify. Most of the information, as in Andrew's case had come from confidential sources. Melanie felt abandoned. The case now rested on the one case of acknowledged intimacy between tutor and student. The student saw nothing wrong in the situation. She was not prepared to bring a complaint.

The therapist concerned issued a number of threats including one which would have bankrupted the organisation. Melanie became more and more anxious. She stopped sleeping such was her fear. Fear that he could destroy the organisation, fear that she would be forced to betray other therapists who had spoken to her, fear that notes would be accessed. In the written report for the hearing Melanie had stated that she could not reveal the sources of her information because of the need for confidentiality. At the Hearing the therapist's barrister challenged this right and her integrity.

The case collapsed. No one was willing to come forward to give evidence on the wider complaint of sexual relations with patients and their Code of Ethics, current at the time, did not actually prohibit sexual relations in either the supervision or training role. Later they realised that there also was no mention in their Codes of Ethics and Practice of the inappropriateness of sexual relationships between therapist and patient after the end of therapy. All these omissions have now been rectified.

The therapist's supervision and tutor contract was not renewed but as far as Melanie is aware the therapist concerned has continued to practice after joining another organisation.

While talking with both Andrew and Melanie I was acutely aware of the anxiety aroused in each of them by these two cases, an anxiety that spilled over into their talking to me; into this research and into me, how to write up these two accounts and give them the level of confidentiality and anonymity they wanted. Both had been keen to tell their story and to let other's know of their experiences.

These two instances were many years apart, they occurred in two very different organisations. For many reasons involving confidentiality and fear of litigation, the earlier case has never been written up and thus is not available for learning outside the organisation. Consequently the organisation in the latter case was not able to learn anything from the earlier experience.

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All names are pseudonyms

Chapter six - Interviewees' stories

In this chapter I present extracts from my interviewees stories of their experience of either making or receiving a complaint. Several of these experiences took place many years ago, others are more recent; their stories need to be heard, for them the experiences are still vivid and needed to be told. All psychotherapy organisations are involved in the effects and experiences described below. Complaints procedures have changed and are still changing and it is important that those implementing these changes are aware of the effect that their decisions could have on those unfortunate enough to be involved in the breakdown of therapy.

In this account I have followed the experiences of different interviewees through the stages of the process from the initial stages, the decision to make the complaint, and the receiving of the complaint; through any support either party to the complaint received; to the therapist's response to the complaint: the hearing tribunal: access to any form of ADR and on to the subsequent aftermath of the experience.

6.1 The initial stages

6.1.1 The client's initial move towards a complaint

6.1.1.1 Fay[94], a counsellor, felt securely held and contained by her therapist in her twice weekly analytic therapy. Then the situation changed, it was no longer the quiet place it had been, someone could be heard in the house, it had been intruded upon, it no longer felt a secure place for her in which to explore her extreme traumatic reaction to these changes. She felt frightened that her therapist was not hearing her and would not or could not help her understand her extreme distress caused by this intrusion.

....So I wrote to my analyst and I said I've been thinking about this and your breaking the boundaries and not dealing with my feelings is not on and I feel that I would like to make a complaint. But I am willing to meet with you with a third party and see. But she just wrote back and said 'Go ahead with the complaint'. I think she was quite certain that it would go nowhere.

When I asked her later in the interview about what she had hoped to get out of her complaint she said

[94] Fay, Bridget and Hester were part of my PEP

I think …. I wanted some sort of vindication of some sort that it wasn't all my fault. I wanted to be taken seriously and I wanted to be respected.

6.1.1.2 Bridget's new therapist had told her that he was unconventional but when there was an early crossing of boundaries she commented -

...I should have got up and gone but I didn't because I was so hopeful that somebody was going to help me'. …. I should have known then right at the beginning.....Well I knew it then really.

Increasingly she felt that her therapist was out of order in the way that he would talk about his personal life. She became more and more distressed about what she considered his very loose boundaries. One particular event precipitated her concern-

But I couldn't tell anybody for a long time. It really disturbed, it very much disturbed me.

After many months of deliberation she decided to make a complaint. She discovered there were two separate routes, an informal or formal approach. She decided to take the informal route.

So I made the informal complaint and I went there to meet with two therapists who were fine. And then it got to the point where they acknowledged my problem and I thought it would go to the formal but they said 'No it can't'

They wrote saying if she wanted to take it further she would need to make a formal complaint. At that time she did not want to go along this route.

You have to also appreciate that I'm a bit of a detective and I don't let these things rest either. I'm a bit of a dog with a bone.

6.1.1.3 Odette talked about her initial meeting with her therapist; she had sought help because of a particular difficulty and anxiety.

And actually you know I met this man and my gut instinct, I have not forgotten this but my gut instinct on going in there was 'I don't like this man'. I knew it in my bones. I knew it. But because my self esteem was very low, connected with this performance anxiety and various things, I just felt..... I didn't take my feelings seriously you see. I should have listened to it and I didn't

The first years went well enough but then Odette began to feel that the main issue she wanted help with, the reason that she had gone into therapy was not being addressed, and that she was not being heard. She was becoming more and more frustrated.

I just felt trapped in therapy. I couldn't get out of it and I couldn't do anything with it. I couldn't let it go because I had become addicted to it and it wasn't working. And I kept going back and back and back.

I asked as to what resolution might be for her

I know what it would have been, an acknowledgement from him to say 'I have made a mess of this. ....I have made many mistakes with you and I am sorry about it and something like that.

She wrote to his organisation,

I told them I was having difficulty with my therapy and I told them about him taking this job and it was very difficult. I wasn't after vengeance actually, I wanted resolution.

6.1.1.4 Camilla about twenty years ago had been having psychotherapy on the NHS. During the time she was in therapy she began a counselling training.

After some time she began to feel, from things that he said, that her therapist, a psychiatrist, was trying to seduce her.

.. I felt very disturbed by him and his behaviour .. anyway I was in training and my supervisor said to me that she felt I wasn't right .. so I said, actually explained to her what I felt with my therapist.. and she was somebody very feminist and she became very angry and said you have got to complain. She said 'Do you want to?' and I said 'Yes, actually I do, because it is just not right..

Camilla complained to the head of the psychotherapy unit but there seemed to be no formal process for a complaint as far as she could discover. She asked that she and her supervisor could meet with the therapist concerned but was told that was not allowed.

I just wanted to be heard.. I wanted to be able to say.. this guy is not adequate he shouldn't be working ...

6.1.1.5 Genevieve was in a very different position from that of Camilla or Fay; the issue of the complaint was more clear cut and uncontroversial. Genevieve had been in therapy for several years when she discovered, through a counsellor colleague, that her therapist had published material from her therapy without her knowledge or consent.

So .. well.... my world just fell apart when my friend told me that .. and she said .. well she had really deliberated about it.. because she felt that... she knew how I would be really devastated

but she felt that she had a duty to me to tell me about this .. she said... I'm really shocked.. .....well.. I was really angry .. you know... loads of different emotions .. and initially I wasn't going to report her but .. .... I was in such terrible shock .... and the next day I couldn't go in to work .. because I was so upset and so devastated..

After a phone call to her therapist in which she expressed some of her anger, she refused to meet with her or consider any mediation and decided to go ahead with a formal complaint.

.. I thought that with mediation you work through to a solution .. or some sort of positive outcome but . .. she had gone beyond that.. there was no way.. kind of...I could consider being on good terms or having a good out come with her.. you know.

6.1.2 The initial impact on the Therapist of hearing about the complaint.

6.1.2.1 **Estella's** first comment to me was

Well I can say that it was <u>absolutely</u> appalling She went on to explain ..

.... it was probably the beginning of March, the end of February that she walked out. I didn't hear anything until May and I got a registered letter saying that she had taken this complaint and the complaint was there, it was this HUGH legal document ..and what it accused me of was an abrupt ending ....

[Estella had had to suddenly take a period of compassionate leave, at the first session after the break the client had walked out.]

What shocked her was the detail of this very legalistic document, quite obviously, she said, drawn up by a lawyer. She was further shocked when the BACP

... told me I should not have a lawyer because it would only escalate things but in spite of that there was this big legal document....

It was wrong.... It was bad.... It wasn't ....Find yourself support out there. Find yourself a lawyer because what you have got this is a legal document. .....Nothing of that. It was pusillanimous. We can put you in touch with a telephone support group.. This was not something she wanted.

Estella had taken on her client very early in her counselling career:-

I was a young counsellor when I first started seeing her, and in fact when I first saw her, I said to my supervisor at my first session 'I don't think I should take this client on and my supervisor said 'You've got to cut your teeth on somebody, and it just taught me of course – always follow your instincts there.

6.1.2.2 Vivienne had also been experiencing difficulties working with her client. The client had walked out of a session.

I had been to supervision very anxious and I know that at the time I was working right on the edge of .. where I would normally work. I had other things happening in other parts of my life. I was at one point questioning whether I should be working or not .. and actually I decided to work through it, with support from my supervisor, I had extra supervision and *was in therapy.*

...so after about 6 months I was thinking 'Maybe I am wrong [about a possible complaint] *...' but if I am really honest with myself I knew that there was something at some level that wasn't really right with that piece of work. And I have been a therapist long enough to know ... there is for me something about the way that you end and if you end in a way... the work carries on whether you are seeing the client or not and I think that is what happened in this case, the work carried on.*

A year after her client had left she received the complaint

.. Initially it was a shock but then I guessed that I may end up with a complaint against me and had previously gone to supervision being concerned about it but was reassured by my supervisor.. It was nearly 12 months after the work finished that I got a recorded delivery .. Quite possibly I never want a recorded delivery ever again. I almost knew, because I knew that you get a recorded delivery and I knew what the process was..... and then the list that was thrown at me was quite shocking and quite frightening and I was terrified. I think the force behind it, threatened me and what felt like quite a vicious attack .. Really did shock me actually. And what shocked me was how easy it is, the Code of Ethics being as they are for people to make a complaint. I think it made me realise my vulnerability.

6.1.2.3 Hugo, a fairly inexperienced counsellor had been half expecting a complaint after his client had walked out after a misunderstanding. Nevertheless when he first received the complaint package.

..... I was quite alarmed..... Well my first thoughts were that perhaps the complaint would not be accepted .. it seemed a very tendentious complaint to me , so that was my first.... hope.. shall we say.....but in due course it was accepted and I still thought that there was a possibility that

come the hearing it would be rejected..... I don't think there was an opportunity for me to defend myself.. I just had to wait to see if it went to a hearing and in which case .. I could defend myself.

6.1.2. 4 Elizabeth had not been expecting a complaint.

.....it came completely out of the blue and for me quite ... devastated, that's too strong a word really ... very very shocking ..

She was still working with the client - an adult woman in her thirties living independently - when she received a third party complaint under BACP Art 4.6[95]. What made it even more difficult was that the client did not know the complaint was being made on her behalf.

I think that one of the things that got me the most was that there was a dialogue going on between BACP and the [people bringing the complaint] *and no one was asking me and no* one *was asking my client what was going on ... and that ... the other thing that got me was that the BACP advertise that there is this Ethical Framework ....and that part of the ethical framework is that they don't take third party complaints.....*

She wrote to BACP explaining that she was still seeing the client.

What really really got me and it felt a bit like talking to a brick wall because I wrote them a letter and I said this is really difficult because this client is still in therapy with me .. and I don't want to breach my client's confidentiality by talking about what is going on .. so basically I got a letter back saying I suggest you take it to supervision..... I felt 'You really don't get it do you'. I don't get what you are doing here,

She asked that BACP contact her client[96], whom she said had no wish to make a complaint but BACP refused, they were, she said, "*not interested in what she had to say"* .

6.1.2.5 Luke received a complaint from a patient who he had finished working with many years previously. The complaint was completely unexpected.

I looked at it [the letter] *and I thought I can't believe this... I thought it must be probably something like 20 years, ... no, longer, 25 years since we had worked together. And we had been colleagues and actually what I thought were personal friends .....for years and years and years afterwards. So it came to me as something almost unbelievable. I didn't suspect, what gradually emerged, that I think for some years she had been thinking of making a complaint.*

[95] appendix 12
[96] with the client's agreement

.....so I wrote back and I said 'This is...., it is now 20 odd years..... we've been friends ever since and I find this very difficult that you've taken it seriously..... Are you seriously thinking of taking this any further? ' And from then on the process relentlessly unrolled itself. .....They knew that I was about to retire,..... but there seemed to be a determination to investigate it.

6.2. Support

6.2.1 Respondents

6.2.1.1 Rebekka had had an Art 4.6 injunction served against her as the result of a third party complaint. The issue was complicated, she said she didn't really understand what she was accused of.. She was seeking information and guidance from BACP;-

The other thing that I found incredibly frustrating was, I'm a member of the BACP and I would have expected my governing body to have been supportive of me and to have guided me. There was nothing. Absolutely nothing. "Can't comment on that." "What about this and that? "Can't comment." Whatever it was, just the stone wall all the time..... "we are not allowed to comment on." ....."Well where is my support?" ..... "Well, We are doing the best to support you"

If somebody came to me..... I would just say 'It is going to be a very trying and frustrating procedure on which you walk alone'. People go into it thinking, I am a member, I am going to get support. Forget it. You are not going to get any support. And if I had to have a little catch phrase. "You walk this road alone"

6.2.1.2 Elizabeth also had received a third party complaint

..... my supervisor was really supportive she wrote a letter as well that was dismissed, you know they didn't want my supervisor there, they didn't want .. .. basically they said we are not interested in your supervisor or what your supervisor had got to say..... they were very dismissive .. my supervisor was very supportive, my friend who went with me was very supportive .. supervisor and a training group up there they were incredibly supportive .. and I also spoke to the Chair of Ethics of the XXX[97] *– because I belong to the XXX –and talked to her about it ...*

[97] UKCP OM

It was helpful and at the same time I felt a little bit .....that they couldn't do or say too much because obviously it might end up going to them a difficulty .....if it continued to go horribly wrong .. it could well have put my UKCP registration in to question and .. I don't know what the XXX would have done if it had gone against me .. I guess they had to take a little bit of a step back.

The insurance .. yes the chap I spoke to, I can't remember his name now but he was very helpful actually and.. a little bit.. well very surprised .. kind of surprised and not actually in the sense of when I was telling him what was going on and what I needed .. he was surprised in the sense of .. so your client didn't make a complaint then. 'No' but he wasn't surprised about the response from the BACP and I got the impression from him that .. this is the norm, that they shoot first and ask questions later .

6.2.1.3 Hugo had a lot of help from his insurance company:-

.....so luckily for me I had someone provided by my insurance company..... what the insurance company told me was that if I had approached them earlier they might have been able to do more to try to stop the case.... being.. ..or going to a hearing.

....., I took it to supervision but basically I didn't tell anybody else,.....the problem was that supervisors generally tend to take one side anyway .. and arguably the problem that arose was partly to do with inadequate supervision .. It could be argued that the supervisor might have pointed out to me the dangers of .. the dual relationship which I was really unaware of..... prior to providing a workshop for a client .. so in fact the findings of the panel to jump on a bit were..... required me for the process of responding to the sanction to change supervisor ... it was some support ...but ..

6.2.1.4 Estella's phone call to BACP asking for help had elicited the information that

They could not support me in any way at all except to give me a telephone support with other people who had been complained against which was not appropriate at all. There was nothing about mediation. I said that I would be happy to go for mediation.

....what she didn't know was that I come from a family of lawyers … thank God really .. so what it is like for therapists who have no recourse to law because BACP quite honestly is crap, told me I should not have a lawyer because it would only escalate things but in spite of that there was this big legal document.

In contrast to Hugo, Estella decided she was not going to keep the complaint secret..

I was smart about that, .. well I was very lucky in that my peers and my peer supervision group were brilliant The smart thing I did was that I did not keep it secret I felt that if I don't tell anybody about this it is going to turn into this nasty little secret like it'd been an illicit affair and I was beginning to feel that I had done something wrong, so ethically wrong and so I did tell peers and was very open about it, not about the case itself but that a complaint had been taken and I was very open about my process and response to that and my concern about it.

Where Estella also did not feel so supported was in her supervision.

I think she was such a good supervisor in so many ways but I felt that her structure and boundaries around it were such that they were both loose and overly rigid,

6.2.1.5 Luke, was already a qualified analyst while working with the patient who later brought a complaint against him. His support came mainly from friends and family, nothing from his organisation

.....I had .. supporters... but I think I rescued myself ... with I think support from everybody that surrounded me ..... so I had a lot of personal support from X as we were forming a relationship ... .and of course my children, grandchildren, so I managed to get out of that depression.

At all complaints tribunals both complainants and respondents usually take a friend or lawyer for support and advice, but Luke said....

I went on my own and looking back that was so stupid. It was the most stupid thing I could have done. It was stupid and it was hard, I just assumed no one on earth would believe that I was an abuser.

6.2.1.6 Rolf's supervisor's testimony was not accepted.

.....He [his supervisor] *was really good. He made an appearance at the appeal. He made an appearance at my disciplinary hearing as well. But they didn't take any notice of him at all. Terrible. It really is terrible. He was made peripheral. So he was my one big witness. He was my main witness because I had shared so much with him about the client work and they just took no notice of him. They were not interested. They saw us in a kind of collusion as well, somehow.*

6.2.1.7 Vivienne at the time of the complaint [a year after her client had left] had a relatively new supervisor, her previous supervisor having moved away

.....I did email him [the previous supervisor] *but actually I made a decision very early on to not have contact with him. It wasn't going to be helpful because, if anything, he was going to be defensive about his actions. And what I was being told was that being defensive would get me nowhere and it would just polarise the whole thing.....I think that the people collude with some sort of process that I was in. It compounded it. It polarised the position. I don't think it supported me to stay in the relationship with my client. I'm very critical of it*.

When she received the complaint she immediately phoned her new supervisor

And I actually remember going to that first meeting questioning the value of supervision. Because what it felt like was, I had followed the advice of my [previous] *supervisor. I'd gone along with what he had said because obviously I wasn't in a great place myself. I had been slapped with a complaint and it was me that was in the firing line. Because I was nowhere to be seen. ..... I was told that it was almost irrelevant what I had taken to supervision. Mitigating circumstances were no defence and what I had to do was just put it right for the client.*

Vivienne was supported by her registering organisation in asking for mediation...

....they advised the client saying 'We think you will get what you want more at the mediation rather than a formal complaint'.

.....but there is something about 'the healing for the clinician' ..... To be able to go and say 'I've done that and I've done that because that is what I believe the client needs in order to move on from there and ,if you like, I've repaired the rupture' But there is something about I need some rupture repairing for me as a clinician. Like I don't feel I got that. ..... Yes. I didn't feel that I could without the work continuing. That was the dilemma. The work had ended so throughout the mediation process what I was trying to do was repair enough for the client to be able to move on.

6.2.2 Support - Complainants

The BACP professional conduct manager:-

In terms of equity a lot of the complainants never had the same facility [of support from insurers]. *So the members were always in a stronger position rightly or wrongly than the complainants. It did worry the complainants because solicitors would ask a lot of questions and some of the panels were getting so experienced they were not willing to be manipulated by anyone; they would ask questions very thoroughly.*

Issues around support came up many times when I was interviewing complainants.

6.2.2.1 Bridget when considering making her second complaint had gone to Popan [Witness] for help and advice. They were very helpful and supportive ..but

Popan warned me this is emotionally very draining for you, actually quite upsetting.

... but she persisted

I attended Popan's conferences and learnt more about abuse. I met people who had never never made complaints or were too scared to say anything and didn't know whether it was worth doing.....

My husband knew and he is a very supportive person. But again, You don't want it to get into your family life. You are consumed by this. It becomes quite a lonely experience. It's not that I couldn't., I just didn't want to. It is very lonely dealing with all that.

When she made the second complaint -

.....the first time I was scared because I thought 'What will come out of that for me?'. Because inevitably you are going to put yourself through the mill. But I was a bit more clued up now and I knew how to work the system if you like.

.....And so there is a whole procedure that you need to go through before all this. It's no point just saying 'Oh. I'm upset or whatever.' You use that procedure and you've got to do it properly. . So both the organisations treated me very, very well. I thought that they were very good.

6.2.2.2 Genevieve was not a therapist, she had brought a complaint about breach of confidentiality against her therapist. Throughout she had the support of a friend, a BACP counsellor who steered her through the whole process and came with her to the hearing.

....., to be honest, I do think that... throughout the whole process I wouldn't have gone through it if it had not been for my friend .. who really supported me ..... I had this thing about feeling guilty about getting her in trouble .. the dynamic between me and my therapist was that she was very powerful .. throughout the whole eight years of therapy .. .. I had always been a bit... slightly intimidated by her.. slightly scared of her so therefore to be taking her to a hearing whereby I'm in the same room as her and .. kind of having to fight my case .. against her, among strangers .. was really a quite frightening experience... ... and it was only because of my friend who was there for me throughout the whole process ..... it was only because she was really with me that I pursued it because I would not have done otherwise ..... And I went to

her place and we practiced it and we cut it out, edited it and ……., then we practiced for ten minutes .. you can actually say quite a lot in ten minutes ..

Bridget and Genevieve are the only interviewees who had made a complaint who were reasonably satisfied with the outcome and importantly they were also the only two who had thoroughly researched the process and were adequately prepared. Bridget through the knowledge and support of Popan and Genevieve through that of her friend the BACP counsellor.

6.2.2.3 Fay comments:-

I don't think they take into consideration how awful it is for the person who is making the complaint. And had I not been in training, or knew something about it, if Joe Soap had come in off the street -..... I felt like suicide, I sure it could have tipped somebody over. I'm lucky that I have a fairly survivor type instinct. It could have done so much more damage to somebody else.

These three complaints were made though, BPC, BACP and UKCP respectively.

6.3. The response to the complaint

6.3.1 The Therapist's reply

6.3.1.1 I asked **Estella** how she had set about preparing her reply to the complainant, she said...

I think in the first document I had included my last three pages of notes, the last three sessions. Because when a client goes to litigation like that she also opens herself to the possibility that confidentiality may not be maintained.

...I tried very hard not to be attacking at the same time I am no shrinking violet and I was not going to be done by this. I felt my career might be ended, I had a very catastrophic view of what might happen. I had to think of what would…what I would do with my career if I were struck off. I had to deal with the shame of being in that bloody magazine[98] *and that was a career I had worked very hard for, emotionally, financially, I felt passionately about it, I took great pains to work ethically, I had conducted myself in the best way I could with this client.*

[98] Therapy Today

6.3.1.2 After **Rolf's** self disclosure the process moved swiftly and a hearing was called within ten days.

..with regard to his defence.

..... 'it was difficult to think straight, what were my priorities?'

So nobody helped me to write it. Nobody said put this in, don't put that in. When I showed him [his supervisor] *what I had written he said 'No, no, no don't say that.' because I was trying to be honest, you know. And also I was trying to show my remorse as well. To say that I regret what had happened. But that wasn't any good either so.....*

What I had written was a typical sort of counselling ....almost like a case study..... When my partner saw it, cos she's a union rep, she said 'That wouldn't have worked for this. It's adversarial. You need to present your defence.' So I didn't know that.

Like so many of the other interviewees Rolf had never really looked at the organisation's complaints procedure.

At the appeal he had help in formulating his defence but as he said-

.. the one thing we couldn't knock down was what I had told them. So in the end it was my words that condemned me. And I couldn't deny it.....the agency had their story and were sticking to it, and nothing I could say would make any difference.

6.3.1.3 Elizabeth struggled with writing a defence.

.....what was really difficult was to judge how much to say and how much not to say .. because I was still working with this client and .. and I didn't think it was appropriate that I should disclose anything about my client to [the complainants] *because obviously they were going to get copies of everything .... I did get my client's consent to say something and she actually wrote a letter .. which went in with my defence about how she had experienced our therapy and how..... and her comments to the specific complaint .....that went in as well but it was quite tricky .... to know how much to say and how much not to say and it took a long time ..and they didn't give me a long time, .. to send it back and .. the first few days I think I spent in a stunned .. shocked place where I don't believe this is actually happening .. ... and... because I had to write and rewrite and you know how it is when you are writing something .. you know.. the actual process can take quite a long time.*

Elizabeth and her client eventually came to an agreement as to what she would and would not say.

Estella and Elizabeth were the only interviewees who spoke directly about the complainant's possible loss of confidentiality with regard to clinical material during a complaint.

6.3.2 The Complainants perception of their therapist's response

6.3.2.1.**Fay** had already requested some form of mediation [ADR] with her therapist only to have had this refused and was told 'to go ahead with the complaint.

a*nd then I received her complaint.... Or her part.... And in it she said that I was profoundly disturbed and ... a severe personality disorder. And this was purely acting out. It went on to pathologise me a great deal.*

A companion commented -

..... it lacks compassion. There wasn't anything positive about me in the whole report. Not one thing. ..... It lacks warmth, it lacks support, it lacks compassion. It lacks empathy.

6.3.2.2 Bridget . ..... *Oh he told me that I was poison, . . on the phone before we arranged the very last session, he told me that I was destructive and that I was poisonous.....Now that stayed with me for a long time and was very very distressing and it took a long time for me to take on board the fact that actually I was the client and he was the therapist and that that was unforgivable.*

6.3.2.3 Genevieve was very anxious about the response she might receive from her therapist to her complaint.

.....I really dreaded .. .. what her response would be as I knew I would get her response .. and .. because she had been.....because of the power dynamic anyway ..

..and when she did receive her response-

..... therefore in her response she wrote that she had followed the editor's guidelines and that was her defence..... the editor had said that it would be fine as long as the person is not identifiable .. what she was saying and what she was saying about the editor was that I just didn't matter.

6.4. Experience of the Hearing Tribunal.

6.4.1 Complainants

6.4.1.1 Fay's complaint was taken to a UKCP OM where the hearing panel were all members of the therapist's own organisation.

. ...And when we got there, apart from my supervisor, everybody on the Board was from her training school. There was no one outside that at all. ,

So I didn't think it was right either that there had been no outside, impartial person there. There were five people in that room for her from her training school. And I had my supervisor who said nothing.

..... I would like people on the Board who have nothing to do with either of us..... People with some understanding. Maybe two humanistic, two analytic. And maybe they don't even know each other so it's sort of like being on a jury. You know..... And it was in their training school. It was like all on their own .....their own ground. It felt like a kangaroo court there

Fay was accompanied by her supervisor who was not allowed to speak on her behalf.

.....they got me to talk first and so I thought the same thing was going to be happening to my analyst It was awful ……I think my distress was such that, maybe I wasn't as articulate as I should have been....

She also got her [therapist's] *supervisor to speak for her and she didn't say a word the whole hearing. I didn't know, ...I didn't have the chance for somebody to speak for me.*

..I said 'This feels a hugely shaming process' And then her supervisor got up and said 'I'm going to speak for her. And then she sort of gave us a lecture, us two, on what supervision was all about... and then more or less told us what the therapy was all about and how I didn't use it!

And they didn't see the distress..... But they still went with the fact, you know..... It was awful.

. ..... How was I coming across that people couldn't hear what I was saying..... What was my part in it?..... What was I doing to make them deaf?.... Why couldn't I make them understand? .....Again it came very much back that it was my fault.... I wanted them to understand about the

effect that it had, the intrusion, [in the therapy] *the effect that it had on me and the way the effect had been treated.*

So they came back and they said they couldn't fault her as a therapist..... couldn't understand why there was a boundary issue at all. .....just couldn't understand what I was on about. And then they said..... they did concede that ... that maybe the supervision wasn't a good idea..

What I wanted was for her to say sorry. That is all I wanted. And she said, this was before I left, she said that she hadn't handled it as well as she could but she wasn't prepared to say that she was sorry, Sorry for the intrusions. Sorry for the distress that it had caused me... Just like regret and she refused.

Now, I know that had she said 'I done it.... I'm sorry' That would have been it. I wouldn't have taken it even as a complaint. And even at the end she didn't say she was sorry.

6.4.1.2 Genevieve had to travel to the BACP headquarters by train

.....and because of that then I had the terrible fear that we would be on the same train. ... and my fear wasn't an irrational one because when I arrived the person who had organised the hearing said 'Oh we had a terrible panic that you two would be on the same train together ..and I thought.. well actually it could have happened .. We could have been in the same taxi rank together .. and stuff like that ..... [sighs..] I just thought there wasn't enough consideration.. for me making this complaint... because I felt a victim in all of this.. and as I said I felt.. ...that BACP was protecting her interests because she was a member rather than mine.. so... I was really frightened for all the reasons I have told you .. i.e. the power dynamic and feeling guilty about taking this to this hearing and everything else and it was an experience that I have never been through before..

However .. *very quickly within the hearing ... I realised that the panel were on my side. .. and therefore because of that I relaxed..*

they asked me about two or three questions .. ... I became aware very quickly that first of all they did believe me and secondly they were really shocked ..... what she came out with you know... it was set up like a trial .. and you know I can't say that that is a bad thing .. because it's about one person alleges something about somebody else..... it's not like a courtroom but it is .. like a proper kind of trial ..... as I said I think it would have to be that way but it was.. but that also added to my .. sense of fear .. and feeling of intimidation..

... and it was the first time I had seen her since that phone call .. and she immediately said ... she looked at me and said ' I'm sorry' like that and ... I expected her to be more questioning of me.. and that gave me a lot of fear beforehand but she didn't .. ask me any questions..... you know how you imagine a trial to be, to be cross- examined. I wasn't by her.

....the panel was not as bad as I feared because they believed me.. as I said.. and .. ... basically I can really say it was one of the worst days of my life .. in having to go through such an awful experience.. and .. well we were quite well looked after my friend and I .. but anyway, the long and short of it was ... I was really glad it was all over, and in about two weeks time I got a letter and it was the result of the hearing.....yes ..they listened to me and believed me .. and I was vindicated, you know.

6.4.1.3 Hester spoke of the way she was questioned at the hearing and that her companion had commented that it was as though she, Hester, was the one being complained about-
..... I did feel like it. [her companion] *said* '*I felt you were on trial.*' *They were much nicer to her* [the respondent] *It wasn't my imagination. We came out at lunch time and she said , 'God. It was like they were basically, emotionally raping you'. They made out like you were the one on trial the way that they questioned you'. They were really, really very, very strict, harsh and rude.*

..... They [BACP] *are very very biased towards the BACP and protecting themselves. They keep telling you that they don't judge but they are very self serving.*

6.4.2 Respondents

6.4.2.1 Rolf At the initial hearing at the agency-

I might as well not have been there actually. They needed me to be there in physical form that's all. They weren't interested in the slightest what I said. I was in a very great deep state of shock. Trauma..... Traumatised by it. And I was completely unprepared. I was in a state of absolute shock throughout. I didn't think it would escalate so quickly. I was gone within two weeks.

Rolf's supervisor supported him at the hearing, but he said

.... they just took no notice of him. They were not interested. They saw us in a kind of collusion as well, somehow.

Rolf appealed, this time he was well prepared but the decision was upheld .

..... what I got at the Disciplinary and at the appeal, less so at the appeal, was something that I had never experienced before. It was really, really harsh and punitive and vile. It was people behaving in a way that I had never experienced before.

He phoned BACP to let them know what had happened,[99]

I thought surely my professional body is going to handle it in a more even handed way if they receive a complaint. That's what I thought. So when I spoke to the BACP and they were human I felt, oh that's nice, because I had already been through something that felt completely inhuman. So, I felt legitimately that I might be able to ask for something from the BACP. That's what I thought. I had been a member for a long time.

BACP terminated his membership under Art 12.6 , he submitted his appeal but -

.....it was a complete waste of time. My biggest criticism of BACP is that they ignored almost everything that I had written as far as I am aware. In the responses back I got no sense whatsoever that they were interested in my arguments.

He did not attend an appeal.

By that time I was completely exhausted. I had given up basically. I knew what the outcome would be anyway. I knew from the sort of letters I was getting from BACP. They were so cold and formal I knew they were not going to take my arguments.

....And also I was trying to show my remorse as well. To say that I regret what had happened. But that wasn't any good either .....

6.4.2.2 Elizabeth - During the first part of the Hearing Elizabeth was asked about her practice and the work with her client.

..... the first part went on for quite a while ..... I want to say there was no humanity .. in the process.. it just felt.. exactly like I was having to prove I didn't do these things rather than... ...there being a question or .. tell us what really happened, what's your take on what happened .. it didn't feel like that it felt that,.. it felt more adversarial than that .... you have got to prove your innocence so to speak... rather than them .. prove you are guilty.

.... I think that one of the things that really got me the most at the Hearing was that the Chairman of the Board didn't seem to understand what I was saying .. You know.. he just didn't .....it was a bit like trying to talk to a lay person and .. and trying to explain it to them, but this

[99] The counselling agency also informed BACP of the outcome of their Hearing.

person wasn't a lay person, it was supposed to be somebody who was qualified and experienced and had been doing this for a long time. I think that was the other thing that I found really shocking .. there seemed to be no understanding of the nature of psychotherapy.

I would have liked my client to be heard .. because that would have been a different experience for her .. but unfortunately the BACP decided that that wasn't to happen, which I still struggle with actually. .. they didn't seem to be interested in the fact that I was still working with her and actually she had no complaint ...

.....and he was doing this summing up thing .. which again was alarming because that wasn't the process as I understood it was.. .. I'll be bursting into tears..... not a very adult thing to do. It was half past three by this time, but I felt quite worn down... it felt a little bit like .. torture.. but I have never been tortured ....but to have someone say 'You've done this, you're guilty, aren't you, you are a bad therapist aren't you .. is what it felt like the whole time... and that's pretty shocking .. and there's only so many times you can say 'no that's not true, that didn't happen, that's not how I see what happened' there only so many times you can say that before you think am I just talking to myself here ..

.. when he said your appeal has been upheld there was no sense of ... anything for me .. it didn't feel as though I had been exonerated particularly there was no..... it was not about winning or losing or anything like that it . I still didn't feel heard and yes, the appeal had been granted but it felt a little bit like 'we are doing you a favour' it didn't ... there was nothing in the summing up that said .. we understand this is what happened and .. our take on it is ...

Elizabeth had dual membership with both BACP and UKCP, she commented ..

*....and I **had** learnt a lot through the process which was ..... I don't want to be a member of BACP ..... because if that is how they treat people .....I'm not interested because that is not ... that isn't how I see how professional practice should be maintained .. no I think.. everyone has the right to make a complaint .. you know.. I think* [the complainants] *had a right to make a complaint.. ideally I'd have liked them to make the complaint to me first .. ...., you know I thought that was the way professionals work .. if you've got a concern about somebody then you actually talk to them directly rather than going to the professional organisation ..... I just think that is so wrong,*

Some time after our interview Elizabeth decided to look again at the letter she received from BACP after the hearing. She was surprised to read that:-

'The panel acknowledged the complexities of the complaint outside the therapeutic relationship; that she was not guilty of any of the allegations of unprofessional behaviour or incompetence; that the panel were unanimous in their decision that she had acted professionally and that her appeal was upheld.'

Her comment to me was '*I guess the panel did understand all along'.*

6.**4.2.3 Hugo.** The main complaint against Hugo was one of breach of client confidentiality but he noted

The whole business of complaints and tribunals can easily get quite legalistic and I think in my case some things that were dragged into the hearing were relatively, I won't say trivial, but were matters that did not require a hearing and a public shaming and all of that. It's almost as if the system has a momentum of its own.

. I thought for a counselling association it was rather surprisingly unholding environment.... a legalistic environment... so luckily for me I had someone provided by my insurance company ..
..... Yes he was good and because it was a stressful situation it was very nice to be able to sit back and let him do some of the questioning.

He went on to comment
..... It is one of the ironies that in counselling you don't use the word 'should' and yet... a hearing and the report by the panel is nothing but 'shoulds' and 'shouldn't have' ...

6.5 Alternative Dispute Resolution - ADR

Fay and Odette's therapists had both refused to go for mediation.

6.5.1 Fay's main wish was to try to understand what had happened in the therapy that had caused her so much fear and distress.

. ... whatever I've done or caused, this is her, its caused a reaction in you let's try and look at it; let's try and understand it. What's it like? That's what I wanted and I hoped that there would be…. If she couldn't do that I hoped that there would be an apology of some sort.

But her therapist had refused to say she was sorry.

6.5.2 Odette. *It was really horrible what was going on. It was really bad. Then I think I wrote again.*[to the organisation] *He wouldn't have mediation and I wrote again. Then they did reply. And again they didn't send a helpful reply. They wrote saying 'Thank you for your letter. We think it best if you talk to two of our senior whatsits. But there was nothing about him.*

She was referred to another therapist for six sessions, X, this was, in many ways helpful but there still had been no meeting with her therapist, she began to think-

OK, perhaps I can resolve it for myself, But actually in a way this isn't resolved because it has to be resolved with him.

Well as I said really I would have liked some meeting with another person with him. Him, me and another who could act as an observer and act as someone who could facilitate some movement. .....I needed a mediator but he wouldn't do it. And I don't know why he wouldn't do it. I could have stuck my ground in that room with those two but I felt so small and degraded by it, by the process. .....That it was my fault that it hadn't worked. So I didn't feel I could ask for anything and it's ridiculous isn't it? If I was going there again I feel I would say 'Look I want to know what are you going to do about this man. Yes, please I would like to talk to X. I am sure she would be marvellous but I also want some kind of meeting with him'.

It's difficult to find the right language for this. I think it's to do with .....your own.....the self 'authority' of the victim, in this case of me...that I can be recognised as an adult with a mind and a view point. .....And then years later I decided completely off my own bat..... nobody told me to do it, and there was no reason to, that I would get in touch with him and go back because I couldn't let it go. I hadn't let it go.
.....And I wrote to him and I went to see him six times. And I'm glad I've been actually because I think because I had never had that meeting it really wasn't resolved..... And I tried to talk through..... but by then I was much stronger..... And I felt strong enough to go and look him in the eye and I looked at him differently then. I think I saw him for what he was, that man, he was limited.

Why have I gone back?' and I had gone back to make it right. Because I think you know, for every..... but there are two sides to making a complaint. You want to repair the damage done to you but there is also part of you that wants to damage them.

Bridget was more successful in obtaining s form of mediation.

6.5.3 Bridget *Now at that point I had asked the therapist to meet with me to end this relationship properly. ..... I wrote a letter and said I need some sort of closure perhaps we could have this mediated by your organisation..*

..... he took that seriously and he wrote back to his organisation and said that a mediated session might help put this whole thing to rest. So I went there. It was almost a year later. The association agreed to this and I had two very eminent psychotherapists sitting in the room,. ..... And I basically used it, I suppose, as an interrogation of why he had treated me in certain ways. Why he thought telling me about [personal details] *was helpful to me..... And there were lots of other things that I went through. Anyway.....and then I heard from the two therapists that the organisation sent, that having heard what they heard they ..said we are now taking this out of your hands so you don't need to make a formal complaint but what we have heard, obviously, has not pleased us and we are taking it out of your hands. But it's no longer your business, In other words we won't be asking you to take part in this we are going to pursue it themselves. But we will tell you the outcome.*

She was pleased at that

…. the fact that they had taken this upon themselves meant that they didn't feel that this was OK. I hadn't made the formal complaint and they weren't going to put me through the horrible situation of having to face him and go through a procedure and that they would deal with it. And what actually happened was that he left the organisation promptly at that point.

Later

Oh I did get some acknowledgement I did get something from him to say he was sorry and felt that he had learnt something from what had happened. ..I think he was probably advised to write to say he was sorry. But I would have to check that. To say he was sorry. I'm not sure whether I felt it really came from the heart because I am quite sure he was absolutely furious with what I had done. ..... I was the client and not the therapist with him. And actually …..it was his position to look after me. And that he failed. Dismally.

'what happened was totally unacceptable....I never felt satisfied that I'd done enough to sort it out. ...Not done enough to stop him. And I wished I had done the formal complaint in the end.

6.5.4 Luke. In the course of our interview I had asked Luke whether there had been any possibility of mediation. He said that nothing was offered and he had not asked, but he said that on reflection

.....and I do certainly think... that.. I think if there had been... my attacker ....and I had been allowed a period of mediation with a neutral party .... there might have been a very very different outcome.

I think if we could... if part of the deal was would you be willing and would she be willing to go into a mediation process ... of a month, three months or something .. where we met .. and if I was open..... I think the idea was that I made us both special .. and therefore.. ... that I couldn't handle the transference and countertransference and only added to her narcissism. ... I think that carried most weight and I think if that was the case I could have acknowledged ..... that I had been mistaken about it and I also didn't have a supervisor .. in those days and if I am at fault I think it was... that that was one of the things that... there was some degree of arrogance in me that I could..... readily now or even then admit to, that I was really wanting to do what Jung did – not abuse, which I think he has done in some of his cases, which is more than I ever realised at the time.... that there should be a much more equal relationship and a much more open relationship .. and that some of the boundaries that were applied I was challenging ...

Luke was told to close down his practice.

6.5.5 The complaint against **Vivienne** was settled through mediation. This was encouraged by her UKCP registering body.

Vivienne spoke of what she hoped for from the mediation.

I wanted to clear my name. I wanted some acknowledgement of my vulnerability. I wanted forgiveness. And I can remember, because I was in therapy at the time and I can remember my therapist saying 'You've got to forgive yourself before anyone else forgives you', and really thinking –'Can I do that? Can I forgive myself?' And really getting hooked into that sort of self blame, self annihilation early on. And I think the longer it went on.... that feeling it dragged on and on and on. .....I didn't feel I could move until it had been resolved.

The client was advised to go for mediation thus.-

....'If you put it into a much more formal complaint then people have no other choice but to defend yourself quite vehemently'. Then the client is less likely to get what they want emotionally...

She spoke about her client

I think she wanted to see me again because it had ended. It wasn't a very good ending. She stormed out. I think she wanted to see me again and I think she wanted to know that I didn't hate her. And I had to work hard at not hating her. And I can still remember that day. I think I will take that to my grave quite frankly. I think she wanted to see me, she wanted to see some emotion, and for me there was some kind of thing about doing that. But doing it in a genuine way. You know, you can do that and you can fake it but at some level I think she would have known that. .....She wanted to see my vulnerability and I think she wanted to see how much she meant to me. And of all the clients now I won't ever forget that one. And I think it's a very good way of clients being remembered. ..... You never forget the client that took the complaint out against you.

I think it was the most exhausting thing I have ever done..... When you are thinking of something scary I just think it can't be as scary as that. I think that was possibly the scariest thing I have ever done. .....It was not knowing what was going to happen. Not knowing what judgement might be placed on me. And literally having to go in there and think I'm going to have to work on my feet.

And actually the first thing we both wanted was resolution[100]*. Which obviously if you start with that then you do end up – It's a good place to start.*

6.5.6 Odette talked of the time after her son was mugged and he had been offered Restorative Justice[101] - an opportunity to meet with his attacker in presence of another person.
.....Well, I think some notion of restorative justice. By which I mean, some countries and to a very small extent in this country, in some cases what you might call the perpetrator and the victim are brought together in this case the complainant and the complained against are brought together to allow some kind of healing or learning. Instead of which inevitably what happens people go away from a hearing feeling that it's been a harrowing process and that it could have been done more usefully. So yes I think that at some stage, possibly before a hearing, perhaps in order to see if the hearing could be avoided, some kind of meeting in a therapeutic fashion. Possibly with a facilitator or a counsellor could be arranged. This is something which probably would be popular if properly handled with all the parties involved. I think it is imaginable.

6.5.7 Hugo When I asked what might have helped him in the process-

[100] Resolution – Chambers dictionary – progression from discord to concord, removal of, or freedom from doubt.
[101] appendix 19

What would have been ideal is some attempt at restorative justice. I just find it ironic that whereas counselling is to do with relationship primarily there was no attempt really by BACP to provide any kind of healing of the relationship between me and the client. So I come away with that feeling angry and unsupported, she presumably comes away from that feeling.....having negative feelings and there has been no attempt by the Association, of which she's a member too, to achieve a proper and healthy resolution, a piece of healing of that relationship. And I think BACP fails the complainants and the complained against in those circumstances.... ...it could be done presumably by some kind of counselling process. It's not very different, is it, from couples counselling, bringing two people together to hear their stories and attempt little by little to arrive at some.. shall we say.. non-violent outcome. With great empathy and .. attempt to.... learn from the circumstances.

6.6 Aftermath

As I met with my interviewees I was particularly interested in their experiences after the conclusion of the complaint –what I have called the aftermath.

6.6.1 Fay, had travelled many miles to London for the hearing of her complaint. As she drove home on her own:-

. ... all I could think of was ... I felt for her. I wondered how she was getting on. I wondered what it was like for her. I didn't feel victorious.[102] *I just felt huge, huge loss, that all of the work that we had done together. You know she had worked in her way just as hard as I had. And now we had come to a place where we could never speak to each other again. And I was eaten up with devastation. Just about the loss. And I remember driving back from London and crying the whole way. Just for the utter destruction and loss.*

She reflects on the hearing she had just left

.... it was a bit like being spat out. I don't know why. It felt like the Blitz. You know, everything was in pieces around you and you sort of picked your way out of it and tried to rebuild your own home…

For many years afterwards her experiences had a profound effect on the way she worked as a therapist.

[102] there had been two sections to her complaint and the panel had accepted one of them

The knock on effect it has had on me……. So far not doing anyone else damage..... So I became hugely impotent as a therapist.... just wanted to be loving and kind I couldn't bear anybody to go through what I did.

She searched for some time to find another therapist she could trust who could help her understand what had happened in that therapy.

.... *and she* [her new therapist] *would say things like ' I wonder how long it will be before you and I sit across from each other in a complaint'. So once again she didn't believe me. Or I was a trouble maker*[103]*, ...I think now she has realised I'm not going to make a complaint, But it didn't stop there..... it's like. ... if you tell your new therapist what's gone on the likelihood is that they are going to be frightened to death with you and that you will complain against them.*

6.6.2 Bridget, also talks about the dilemma of where to go and what to do after her reasonably successful complaints.

But, part of what I expect you might be interested in, which is what I was interested in is where.... having had the damage,... having been damaged by a therapist then where do you go? Because the very thing which you need is a therapist who you can trust to sort out... not only the damage which they had caused, but also you are still left with the original problem you had when you originally went there. So you need somebody who you are going to trust. And that is a real problem if you have taken, well.. firstly if you have been.... let's quote, 'abused' by a therapist and secondly if you have made a complaint because of course, ...you are then made to feel that you are the, ...you are the, ...what's the word, you are the….you feel as though you are harmful and that you destroy people and that this is what you do. And that's a very uncomfortable feeling to be left with.

... I did once count up how many therapists I went to see before I settled on somebody. It was rather a large number…… I can't remember how many it was but I went to see rather a lot of people and I was obviously so sensitive to somebody not being right for me or not being able to trust anybody that I didn't find it very easy to find someone or wasn't ready to find someone. ...I suppose I was always of the hope that perhaps he would sort it out and tell me why he behaved like that. There was always a hope on my part that he would say... . I'll tell you what my fantasy was, that we could sit down, have a cup of coffee and talk about what happened. And sort it out, almost as friends. That we could actually say this is what it was like for me there must have been something going on in your life. And actually just sort it out. ....I don't like

[103] At a seminar Fay had attended she felt that it had been implied that complainants were 'trouble makers' and that therapists were only human and made mistakes – the inference being that patients shouldn't complain.

leaving things unfinished. or in a bad way. I always try to repair. I have a need for repair. .... He left me feeling poisonous and destructive and that is probably why I want to repair it, because I don't like to think there is somebody out there who thinks that about me. And that is probably what he thinks about me and I am this very nasty lady who came along to disturb him. But actually, he didn't do his work properly.

6.6.3 Camilla after her difficult therapy also had had much difficulty in finding another therapist that she felt she could trust.

Well the.... I think I didn't get very good therapy because they must have been quite cautious you see, so .....so it was .... err ...how many therapists did I have ..... two therapists ... I had to have therapy because of my training ... .but I couldn't carry on changing therapists .. I have already had three.. that's enough and actually thinking about it I should have done.. but I didn't .. but because it was safe I didn't ... he wasn't a very good therapist but I felt safe with him and .. this is what it was, it wasn't very good therapy, he wasn't charging enough .. it wasn't very good for my training .. or for my development ... I was never very lucky with my therapists.

6.6.4 Genevieve resolved after the complaint never to trust herself to another therapist:-

.....because now I have such a low opinion of counselling and counsellors, and anything to do with it, ...'I'm never going to counselling again ..... because I will never ... trust or consider counselling again .. I just can't.. I just cannot ..

I asked her about her agreement to talk with me, she said
I am aware of how specialist your field of research is and I am sure you haven't got that many respondents and I thought OK, I can.. OK I don't mind .. and maybe in a little way I may be finding this helpful .

6.6.5 Rolf was just glad to talk about his experience, he wanted people to know what had happened to him, although he was also quite concerned about confidentiality.

....What's the point really? I'm crushed by it all. I feel now crushed and broken by the whole business. Maybe I'll never work again as a counsellor. .....And I have learned from it. That's right. It will never happen again, ever. Because I never could make a mistake like this. .....There is no second chance. Not for me, of course I have thought about this a lot, a lot of this falls into the category of what they call Old Testament. Do you know this, its judgement. It's an eye for an eye. There is nothing about the gospels. Nothing about love or forgiveness or mercy. None of it, none of it.

That's the only way[104] *I have managed to find a way through hatred, through anger, through lack of forgiveness and stuff. It's the only language I have been able to find that is close to my experience. And it is very close actually. I know it's close because it asks so much of you in terms of compassion and loving kindness and stuff when all you would feel like you just want to hurt the people that hurt you. I don't want to do that. That's not how I am built really. I can't do what they did to me. I don't want to. In the end I have to find compassion and forgiveness.*

... my integrity as a counsellor just fell almost 100%.

6.6.6 Elizabeth comments on her reaction after she heard the outcome of her appeal against the Art 4.6. Her appeal had been upheld.

....Oh I don't know I can understand organisations like that .. wanting to protect members of the public but actually they haven't protected members of the public. They haven't protected my client, in that process, they certainly didn't protect me .....and I don't think they protected the [those bringing the complaint] *either, you know.. they presumably have been written to, told that my appeal had been accepted .. what ever the terminology is but they too will feel let down by the process .....it will also have affected their relationship with* [the client]....

.....I don't know what they [the complainants] *were after, I don't know what they wanted the outcome to be, I have no idea, but I am sure they will be concerned, you know I can imagine that they will think that BACP has let them down ,because if their frame of reference is that I have behaved unethically and so on this will presumably continue.*

6.6.7 Hugo. *I think it's been a useful process*[105]*. I think I am clearer about what I am doing and offering and so on as a result of that.....I mean, yes, I have gained something, yes. But looking back at that whole process I also have the reservations about how it was done. I am not saying it was without any value but, given that there was going to be a hearing it might just have been better to have mediation to see whether that could have been avoided. And I also think that given that you have that hearing it is not necessary to put every detail in the therapy magazine.*

Rolf talking about the details of the complaint published in Therapy today.

6.6.8 Rolf .....*It's not the truth.* [details published*] I know it's not the truth because I was there. I was there, none of those people were there so I know it's not the truth. It's really miserable that. 'The naming and shaming' is the last final indignity. As if it is not humiliating*

[104] A Buddhist group
[105] The complaint, the sanctions imposed and the change of supervision.

enough it then goes into the public sphere. Putting it into the public sphere is quite dangerous, it's quite dangerous I think. This is my view. Because it gives people, it fuels their kind of energy, their negative energy into the system where it's not enough just to see somebody lose their membership it fuels something else...

6.6.9 Luke wound down his practice but comments

.... I did survive.. ... and in some ways..... I can look .... as if it was one of those experiences that... I could learn from .. that things happen in life.. whether you deserve them or not.. .. you can either make into a disaster ..... and develop nothing but bitterness about the way the world treats you or .. the ingratitude .. or the amount of .. venom there is in the world or you can .. can ... and I think I rescued myself from what I suddenly saw with horrible clarity .. a kind of almost social death

6.6.10 Estella *.. It was a very deep narcissistic wound in me. It wasn't just the complaint. It wasn't just 'Oh hell. Somebody doesn't like me' It was,… it felt mortal. It felt like a mortal attack and that might have been because of my relationship with this patient and knowing her history*

6.7. Recourse to court action

Three of my interviewees had considered going to court after the conclusion of the complaints procedure. All three were dissuaded from taking such a step.

6,7.1 Bridget. *I spoke to a lawyer, who I must say was excellent. We must have had a couple of long telephone conversations. And he said to me 'I don't advise this because.. 'What do you want out of it?' and what are you going to do to yourself and how harmful it is. And publicity. It's public. And I thought No that I don't really want. I didn't realise.*

6.7.2 For **Luke** the situation was slightly different as he considered taking his registering body to court, -possibly for loss of earnings and reputation.

But I did feel as if, if I began to try to challenge the organisation and their decision in any way and it went to court or something my reputation would be... the blemish that I was in fact defending what ever the answer to my challenge might be could be reported in the papers and I

thought, I'm only going to do myself more harm by challenging. I didn't, that's one reason why I didn't challenge and I didn't know it was possible to have a private appeal[106].

A third interviewee who did not want me to include the details of her approach to a lawyer in this report had also been dissuaded from taking her case to court, saying that she was not likely to receive compensation.

[106] That would be an internal appeal within the organisation

Chapter seven – Findings and Reflections

7.1. –an introduction.

The people who answered my appeal for interviewees came from many different psychotherapy backgrounds and situations but one issue united them, they wanted to tell their story. No matter that the incidents took place ten or even twenty years ago there were still issues that lingered, that are not closed and still cause pain. Interviewees, both therapists and patients hoped that by telling the story of their own experiences they might have some effect, and bring about some change in the way the organisations dealt with breakdown of the therapeutic process. For the interviewees the knowledge that someone was interested in hearing their story was often in itself cathartic. For all, whether complainant or therapist, the process of the complaint had been a traumatic and often a destructive experience, one not safe for either party. This echoes Totton's comment [2001 p100] that he had not found one person who had been satisfied with how a complaint had been handled. Many of the people he talked to had expressed profound and bitter disappointment and resentment.

I heard expressions from complainants such as 'I just wanted to be heard'; 'to be respected'; 'to be acknowledged'; 'to be understood'; I would have liked an apology'. Interviewees talked of frustrations and of immense sadness and loss; of wanting an explanation; wanting to know what went wrong and why, and for their therapist just to say 'sorry'. How difficult that seemed to be, apologising; saying sorry seems to have become so caught up with ideas of admission of guilt rather than being an expression of regret.

Therapists spoke of their fears, sometimes of sleepless nights for fear of what might happen after having received a complaint. The two interviewees who were involved as third party witnesses[107] expressed their anxiety about what they were doing; one spoke of the fear and terror induced by the threats of the person complained about, she had received threats that if carried out would have bankrupted, perhaps even destroyed the organisation she represented. These fears were compounded by the forceful way she was interrogated by the barrister employed by the therapist. For both interviewees this fear was still there after all these years, and reflected by their particular need for me to respect their confidentiality and anonymity. Yet they had both approached me, both wanted their story to be heard. This was a fear transferred to

[107] Andrew & Melanie

me. Even now I find it difficult to write without a feeling that I might be the cause of further repercussions to be heaped upon them. No matter that one complaint was made twenty plus years, and the other more than ten years ago. Both complaints involved the questioning of the therapist's 'fitness to practice', and both had reason to believe that the person at the heart of the complaint was still working as a therapist. In both cases membership of the particular organisation was terminated, yet one of the therapists involved is known by the interviewee to have joined another organisation.

Two interviewees[108] talked of their anxieties while working with particular patients: aware that the therapy and the relationship was in danger of breaking down; feelings of helplessness; fear that they would receive a complaint; fear of being shamed, of having 'to deal with the shame of being in that' bloody magazine'[109].They talked of the difficulties encountered in getting information from their registering body and of the lack of support which they received.

One therapist[110] talked with great sadness that there was no place to show regret for what had happened; that there had been no place for any recourse to any form of conflict resolution. Several[111] commented with similar sadness that all parties involved in the complaint, were damaged by it.

Therapists and complainants[112] talked of the lack of support and information. There was much anger and frustration about the systems of the hearings. Three[113] of the therapists were angered by the panels' supposed disregard of the evidence and angry that supervisors were not asked for their comments with regard to the therapist's work.

Four of the six Chairs of Ethics talked of their feelings of anxiety, isolation, loneliness, feelings of responsibility and often a lack of any supporting background. Frequently, they felt that the Ethics Committee seemed to be isolated. One Chair[114] made the comment that the Ethics Committee seemed 'shut away in some great citadel of secrecy labelled confidentiality'. Members were left in ignorance of the activities of the Ethics Committee and were thus deprived of many sources of learning while Ethics Committee members were deprived of the support of the members. All UKCP Chairs of Ethics I spoke to, personally looked forward to complaints being heard centrally when they no longer would have the responsibility of making

[108] Estella & Vivienne
[109] Complaints upheld reported in the Therapy Today Journal.
[110] Rolf
[111] Hugo, Elizabeth, Vivienne, Fay, Luke.
[112] All therapists in their different ways complained of lack of support and five of the complainants made a similar complaint.
[113] Rolf, Elizabeth, Fay
[114] May

decisions associated with complaints. Two said they were not sure if their organisations were yet in agreement, the other was more confident of the organisation's support for the change. Participation is, at the moment at least, [early 2013] voluntary and is running at around 30% of OMs and 50% of the membership.

I found that in two UKCP OMs the Ethics Committees and the Training Committees were quite separate with little communication between the two. The effect of this was that students and members had no opportunities to learn from the experiences gained by the Ethics Committees or the complaints panels. While complaints are heard within individual organisations there is similarly little or no opportunity for learning between organisations. Occasionally learning sessions are organised by the colleges.

In BACP the executive are unaware of the content of training of unaccredited organisations and unaccredited members who are in the majority in the organisation. Here there would be similar difficulties around any learning from any experience. All three organisations – BACP, BPC and UKCP - remain distinct and separate and there exists few opportunities to learn from each other.

I heard stories from interviewees of the many different ways in which people's complaints were dealt with. I learned of a supervisor 'sorting it out' with the 'offending therapist';[115] of complainants being interviewed by the therapist's organisation, who then 'dealt with it' internally and the person complained about subsequently resigning and joining another organisation[116]. I learned of a senior member of an organisation receiving a complaint after 25 years[117] and being judged by committees and a panel of his colleagues and former analysands and supervisees.

After listening to their stories and becoming part of the process, a number of issues of concern began to stand out, issues that were mentioned by several people and in this chapter it is these constantly recurring issues that I have chosen to report and reflect upon. Feelings of frustration, anger, lack of support, and not being heard permeate the accounts of my interviewees.

Included in this chapter are some considerations and reflections concerning the constellations of types of complaints in relation to gender. The impetus for this arose from the piece of research I presented in a previous chapter concerning the numbers and types of complaints received by BACP. The initial research was done by Clare Symons and others. I have extended the analysis on this research and tried to find further connections. Unfortunately I had no access to the

[115] Camilla
[116] Bridget
[117] Luke

BACP original documents while neither UKCP nor BPC have records available for research of this nature. It is a matter of concern that none of the organisations have, until recently, taken seriously the idea of research, with good record keeping, and learning from past experiences of complaints.

7.2 Support.

7.2.1 The Psychological Contract

'Breaking the psychological contract, where someone else, or an organisation does not keep the promises I have made on their behalf, often results in more pain and distress than breaking an actual contract'. [Sills cited by Carroll 2010]

At one of the Professional Knowledge Seminars Carroll [2010], spoke of the overt and covert psychological contracts always present within any organisation. Assumptions, he said, are made of the other by each party in any encounter; they are deeply engrained but are never fully articulated. While doing this research nowhere have these assumptions been more apparent than around the role expected and the role experienced of the way organisations deal with complaints, particularly with regard to the help and support offered to the participants.

BACP considered itself to be neutral in all matters involving complaints. It declares that it was not its role to support its members when they were served with a complaint, but neither did they support complainants, and this non-support seemed to cover the giving of information. Complainants were directed to CAB, Mind, or Witness, while therapists were expected to contact their insurance companies.

In spite of this declaration by BACP, the cry that I heard most often and most strongly from the five BACP interviewees who had had a complaint made against them was concerned with the lack of support, or even advice, that they felt they received when they first approached their registering organisation after receiving a complaint. They were often left bewildered and angry at the response received. They expected more. Receiving the complaint, receiving 'that dreaded registered letter'[118] evoked many primitive feelings of shock, fear, dread and initial feelings of helplessness; they anticipated more support. It is possible they expected in some way the fulfilment of that psychological contract they had constructed [Carroll 2010], that their registering body would support them; look after them, in times of trouble. The initial instinctual behaviour after receiving notice of a complaint seemed to be to turn to the registering body, the

[118] Estella, Elizabeth & Hugo

parent body, for assistance,[119] primarily I suggest, just to know that they were there and then for help and to be told what to do. But therapists with expectations of help and support from their registering body had suddenly come across the reality of there being no help from that direction.

Rebekka probably epitomises the voice of many when she spoke of the complaint being a' long frustrating procedure which you walk alone'. Furthermore she complained BACP were not neutral, but 'biased towards themselves and were very self serving.' I had interviewed Rebekka not long after she had attended the complaint hearing; she was still feeling, raw, hurt and very angry. She talked about leaving BACP, but she said that she needed it for work, needed that endorsement as to her position as a counsellor. The irony is of course that that endorsement would be worthless if BACP did not strictly enforce its ethical framework. [2010]

Other interviewees would agree with Rolf when he commented that he had been a member for a long time, he felt he could legitimately ask something from them. Most of my interviewees had never really looked at their organisation's complaints procedure. When all was going smoothly a complaint was just not something most of them thought about. Rolf's comments were perhaps typical of many others when he said he had just not thought about looking at the procedures, he never felt he would need to know anything about them.

BACP argue that members have access to support from their insurers while complainants have no such support. Support from insurers however is not consistent over the different companies, some of them do offer considerable support even helping therapists write their response to the complaint and accompanying him/her to the hearing. Insurance officers will on occasions speak on the therapist's behalf, while others offer very little, often confining themselves to supporting cases that go to court.[120]

The executive assumption would be that members were aware of the significance of this so called neutrality, it had been clearly published, [BACP 2007, 2011] but as Carroll [2010] points out, these psychological contracts, assumptions, are very deep rooted and seldom articulated. The search and need for support, 'holding' [Winnicott 1960 & 1988] and 'containment' [Bion 1962] in time of trouble is very fundamental, going right back to infancy and the core of the personality. In the first shock of receiving the complaint interviewees were feeling vulnerable, helpless and although most therapists eventually found support elsewhere, from dual membership, supervisors, peer supervision groups, family, lawyers, or an insurance company,

[119] Estella, Elizabeth, Hugo,
[120] appendix Q10

when speaking with me they were still very aware of that feeling of being let down, abandoned and very angry .

In an interview with the BACP former Professional Conduct Manager I was told that:-

The support that we did give was equal to both parties, depending on how much they contacted us obviously. I would say to a complainant 'What evidence have you got to back up your allegations?' And I would say to a member 'What evidence have you got to disprove it? You need to find evidence that is going to rebut. Evidence had to come from both parties

Nobody mentioned hearing this, maybe they did and had suppressed it, or chose not to mention it to. Perhaps they were just not fortunate enough to speak to the right person.

As a result of their experience all interviewees questioned their membership of BACP. Basically, they were asking, 'What do we get from being a member?' Possibly some evidence of expertise in order to satisfy the job market. Possibly it meets an employer's demand for registered membership of a reputable organisation. What else? Maybe it provides some evidence of public protection. Yet even termination of membership by any psychotherapy organisation cannot prevent an individual continuing to work as a therapist or counsellor. On the other side, what protection is there for employers or clients when even the counsellors registering body knows nothing about the training of the majority of their members.

A recent article in the Guardian [2012] [121] sets out clearly the fact that no psychotherapist, social worker or care professional can receive a complaint if they have never been or have ceased to be, a member of a professional body. All organisations explicitly state that the respondent must have been a member at the time of the occurrence of the behaviour giving rise to the complaint and presently, i.e. when the complaint is made. But as all three registering bodies only have jurisdiction over members registered with them and only with regard to sanctions and suspension or termination of membership, they have no power over non-members. Any member anticipating a complaint can resign from membership of an organisation and the complainant has no redress other than to take the therapist to court.

Another way of looking at this problem around support is that members expected their registering body to act in a way similar to the way a trade union would support their members in times of trouble with employers or members of the public. The difficulty members are encountering is that they are expecting their registering body to function in the two roles; support and 'judge' and there is no structure in BACP to do this. Psychotherapists do not have a 'trade union'.

[121] Brunswick solicitors quoted in the Guardian 15.2.2012.

The one person [Rolf] in this research who was a member of a union found that when served a complaint, the union rep, although supportive, knew little about psychotherapy and was unable to have much influence with the agency, an agency which Rolf considered to be intent on dismissing him and also one that was very conscious that they should be seen to be 'protecting the public'.

This issue of lack of support from the registering body was not given such major importance by interviewees who were members of UKCP or BPC. Vivienne and her complainant were both encouraged by her registering body to go for mediation and she felt supported by them in this. The complaint had a reasonably satisfactory outcome and a complaints tribunal was avoided.

Elizabeth had dual membership but the complaint had been registered with BACP, she was supported throughout by her Organisation Member although she acknowledged that this support was limited in case the complaint was upheld. The complaint against another UKCP member, Jane, was dealt with by the agency where she worked and did not reach her registering body, but she felt very unsupported, and ostracised by this agency. The lack of support was instrumental in her resignation from the agency once the complaint had been withdrawn. The experience was still painful when she spoke to me some ten years after the event. She, like several other interviewees, used the opportunity of the interview to tell her story, to disentangle the sequence or events and to take one more step towards understanding her feeling in regard to the experience.

Only one interviewee receiving a complaint was a member of BPC[122]. He was a senior member of an organisation registered with BCP [before the name change to BPC] and when he received a complaint he felt very unsupported and abandoned by his own organisation. Abandoned to the extent that he felt the organisation was pursuing this complaint against him. Both complainant and respondent were senior members of the organisation. The Ethics Committee and council took over two years to come to the decision to hear the complaint, the organisation decided to hear the complaint themselves rather than send it elsewhere to be heard where both therapist and complainant would not be so well known. Many of the members of the panel were personal friends of the therapist, and possibly of the complainant. The therapist was completely stunned by the complaint; he did not ask for support of any kind, he just could not believe that he would be found culpable. The complaint was upheld and he was told to close his practice. Since the adoption of centrally heard complaints by BPC this complaint would not be heard in this way but would be heard by panels of people, including lay persons, unconnected with either party.

[122] Luke

Complaints heard centrally provide the opportunity for the particular Institutional Member [IM] concerned to support their own members while having no part in the complaints process.

BPC brought in their new central complaints process particularly to prevent situations such as the one above, where members are tried by their peers with the possibility of the risk of 'cover ups or vendettas, and to bring a transparency to try to counteract the charges of nepotism and brushing things under the carpet'. [Richard[123]]

This question of support is clearly a very big issue for therapists but what of complainants? What support did they find?

7.2.2 Complainants support

Since the demise of Witness, I am aware of no recognised agency offering support to those disquieted or 'abused' in any way in therapy. Many who used Witness did not go on to make a full complaint, some will have found the support and help received was enough to settle their concerns while others may have felt they could not go through with a complaint once they understood more clearly what would be involved. One would be complainant who went to Witness[124] for help was warned that the whole process of a making a complaint could be emotionally draining and very upsetting.

There are individuals who privately offer support but it is always a question of cost and how to find such persons. BACP used to provide a service whereby people could phone in with an enquiry and go on to talk about their complaint but I was told[125] these seemed to have stopped. Nowadays, my interviewee said, complainants are submitting a written complaint without discussing this first with BACP staff. Just why this is happening is not clear but it certainly seems to be fitting in to the pattern of complaints being dealt with in a more legalistic manner – or of complainants expecting this to be the pattern.

Two of my interviewees[126] brought complaints against BACP therapists. One interviewee, Genevieve, was not a therapist, she was adamant that she could not have brought the complaint without a friend's support, encouragement and knowledge of the process, a BACP counsellor. It was the friend who did the necessary research, helped her write the original complaint and assisted her to rehearse her presentation at the hearing. The complainant felt sure the panel would favour the therapist and was very surprised to find that in fact they believed her.

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[123] member of BPC Ethics Committee
[124] Bridget
[125] Former Professional Conduct Manager.
[126] Hester, Genevieve

The belief that panels will favour one of their own members unfortunately seems to be fairly wide spread and can be set alongside therapists' 'conviction' that the process is biased towards the complainant. This is one of real drawbacks of registering bodies hearing complaints against their own members; it is difficult for those involved in a complaint to believe that panels are truly neutral, even when panel members are unknown to either party.

The evidence of the other person bringing the complaint was not well presented. There was so much Hester wanted to say but she had not been able to summarise it effectively. She was frustrated and angry that she was not given enough time to present her case. She felt attacked at the hearing by the number and nature of the questions from the panel, remarking it was as if it was she who was the one on trial. She had not expected to be questioned by the panel on her testimony.

Experiences such as those above emphasise the fact that it is becoming very important that evidence by both parties is well supported and presented in a certain way. Therapists are using the help offered by insurance companies; complainants are often looking towards lawyers to present their case although all three organisations have, in the past, advised against the use of lawyers. In the new UKCP Complaints and Concerns Process the complainant may be represented by a UKCP Professional Conduct Officer or a lawyer appointed by UKCP or may find their own lawyer to represent them. .

When a therapist's membership is terminated any teaching, training or supervision contracts are usually also terminated and the therapist is expected to wind up any private practice. Whether in fact they do so is difficult to check, but their names would not appear on that organisation's register of therapists. Therapists working for the NHS, in clinics, agencies or counselling centres usually find their contracts are summarily terminated.

Within this process the people that seem to be forgotten are the clients and patients of therapists whose membership has been suspended or terminated and have been told to close their practice. These unfortunate patients are seldom, if ever, mentioned and are probably left without any support. One of my interviewees had been told to close his practice[127], giving him time to tell his patients that he was doing so, but of course he was under no obligation to say why he was retiring so suddenly. The other[128] interviewee was dismissed within ten days of his self declaration and had no opportunity to speak to any of his clients, including the one involved in the complaint. These were agency clients, not private patients, he does not know what they were

[127] Luke
[128] Rolf

told. I had been thinking about this situation for some while, prompted of course by the experiences of these two interviewees and reading the Wallace paper [2007][129]. I asked a few of the Chairs of Ethics Committees and colleagues that I interviewed, what their organisation would do in respect of a member's patients and supervisees if they had had occasion to suspend or terminate a membership. Most of those I talked to had not considered the question; they supposed the therapist would tell them he was winding down his practice. They had no procedure in place for such an eventuality. They had no procedure in place to see these patients or to offer them any help. It would be left to the therapist in question as to how much or how little explanation he gave as to the ending of the therapy; how much or how little help or referral on he gave them.

Celenza and Gabbard [2003 p 623] comment that misconduct *may* occur with just one patient in the practice of an otherwise ethically sound and competent practitioner. If this situation occurs then the member's patients and supervisees also become victims of the abuse; through no fault or wish of their own they are losing their therapist or supervisor, maybe even at a crucial point in their therapy. One person I consulted made the comment that this was a very grey if not black area that she thought never saw the light of day. It doesn't.

Nowadays it is an obligation in many organisations in UKCP and BPC for members to have a clinical executor. Upon the death or incapacity through illness of the member it is the duty of the clinical executors to contact all patients and supervisees. From the patient's point of view, whether the loss of the therapy is through death, incapacity or termination of membership, the end result is the same, he or she is left without a therapist. I raised this issue of support for patients of members whose membership has been terminated at a recent UKCP Ethics Committee meeting with a view to future discussion. The situation of course is complicated by the fact that the therapist concerned may not have wound down his practice. He is not legally bound to do this. As far as I can ascertain BACP have no policy in regard to clinical executors.

7.3. The words to say it

'*I understood that words could be allies or enemies but that, either way, they were strangers to me.'*

The heading of this section and quotation above are taken from the title of Marie Cardinal's book, [1983 p174] a fictionalised account of her own analysis. Cardinal continues

[129] see page 8 for the review

'Words could become monsters, finally the SS of the unconscious driving back the thought of the living into the oblivion of the unconscious'. Words could also be giants, solid boulders going deep down into the earth, thanks to which one could get across the rapids.

As I was struggling to conceptualise the shape and form of these findings and reflections, as I struggled to find the words to adequately portray the experiences of all those who had entrusted their stories with me, I remembered Cardinal's book and her search to find words to express some of the experiences and feelings remembered only though her somatic symptoms. Bollas [1987] coined the phrase to describe this phenomena as, 'unthought knowns'. There were no words available with which to think about the situation. They are in consequence unthinkable. Without words we cannot think.

Words do not come easily to me, writing even less so. I too struggle to find words to say what I want to say in order to do justice to my task. Bolton [2011] writes that we 'write to learn, not learn to write'; sometimes we need to write to discover what we think.

Both complainants and therapists struggled to find the words in which to pen their complaint or response. As they moved from the world of therapy with its own particular language of images, dreams and metaphor into the quasi-legalistic world and language of the complaints system they struggled to find the right words to describe the situation. The particular tasks confronting each party were different. For the complainant there was the need to put forward her complaint succinctly, for the therapist the task was to respond to the complaint, and to defend himself.[130] But the struggles were similar. The use of the words, defend and defence have moved from the language of the therapy room and are already the language of the courtroom and the legal system. They have entered the world of accusations and blame.

7.3.1Respondents.

Rolf learned early on when trying to write his response to the complaint made against him that the language of the tribunal was not that of the counselling room. His initial written response to the complaint was, he said, 'a typical sort of counselling, more like a case study'. He was quickly told 'You need to present your defence, its adversarial'. He had not realised that. Nobody had told him. As he wrote he was repeatedly told 'Don't say that!' He struggled; he wanted to show his regret at what had happened. 'Don't say that', he was told. It seemed there was a protocol as to what he could and could not, should or should not say, what was expedient or non expedient, even safe or not safe. He struggled to find the words to say it. He appealed

[130] I realise I have assigned a gender to the complainant and respondent, but of course, complaints may be made against female members by both men and women, and men can complain about men.

against the ruling of the initial hearing, by this time, he said, he was more aware of the requirements, the pattern of what to say. He and his partner worked on the appeal together. But the appeal was rejected. He felt the panel was not interested in what he had to say.

A number of the therapists[131] who had received a complaint talked about the struggle to find suitable and strong enough wording for their defence without being too damaging to their clients. For Elizabeth this was especially difficult in that she did not feel it appropriate for the third party who had brought the complaint to know details of her patient which had been disclosed during the course of the therapy. She considered that the focus needed to be on her own behaviour, she needed to show that she had worked in an ethical way. Estella also searched for words to mount her defence, she had the advice of friends who were lawyers, and she was familiar with the use of words. She had copious notes to draw upon. As she sought to find a way to defend herself without attacking her patient, she said she tried to stay out of the details, 'the messy bits', but, as she said, she was determined 'not to be done by this'. She feared for the career for which she had worked so hard, feared that it could be ended by the complaint. Rebekka, who had been served a third party complaint, did not understand the nature of the complaint, and found it difficult to write her defence.

Complainants

Hester had compiled a thick dossier of complaints against her colleague and past employee; she was dismayed to find that she was not given enough time to go through all the items of reproach which she had assembled. She had not been able to condense, or précis them to fit into the ten minutes or so allowed, she would have needed well over an hour to go through everything. She showed me the file in which she had assembled accounts of all the incidents in which she considered her colleague had transgressed the ethical code. Far, far too much to cover in the short time allowed at a hearing. She said that she intended to keep her notes, convinced that one day someone would appreciate them, convinced that one day someone else would bring a similar complaint against this person. [This did happen some months later and the complaint this time was upheld.] Whether Hester's complaint would have been upheld if her presentation had been different we shall never know. She appeared to have no help or advice in preparing a suitable presentation.

Fay was overwhelmed by the way the hearing was conducted. She was invited to speak first, she said she had not gone into the hearing very well prepared, not knowing exactly what she wanted

[131] Estella, Elizabeth, Luke, Vivienne

to say. She accepted that she wasn't as articulate as she might have been, but asked, 'Couldn't they just see the distress'. Why did she have to spell it out, go into all the details? She just wanted them to see her distress. Fay had wanted the panel and the hearing to help her understand what had been happening, to understand why she had reacted so violently to an incident in the therapy. She soon discovered that the aim of the complaints hearing is simply to establish whether the therapist had done what the complainant said she had done and, if necessary, to apportion any appropriate sanction, they are not there to enable understanding, and it is not a place for therapy.

Neither Hester nor Fay had fully understood a complaints procedure, neither managed to present their complaint in the way expected.

A few weeks after meeting with Fay, I met with Bridget. Bridget had elicited help from Witness; she knew more clearly than did Fay how to go about making a complaint. Her comments might be considered advice to anyone thinking of making a complaint, 'It's no use just saying, I'm upset or whatever. You use that procedure and you've got to do it properly'. Genevieve did precisely that, she knew exactly what she wanted to say in that ten allotted minutes. She used the procedure to the full, kept to the facts of the case; the facts were indisputable, although she was still surprised when they believed her.

The lay Chair of an appeals panel whom I interviewed made the point that, as he saw it, one of his tasks, perhaps his main task was to hold the balance between the way of thinking and talking of the therapists on the panel and the more legalistic stance of the quasi-legalistic structure of the proceedings and the lawyers. This is also important in the PCC, where appeals and complaints are first considered, where the lay chair, the therapists and the PCO, a lawyer, each need to learn something of the language and the way of thinking of the other in order to enable them to work together effectively.

7.4 . The hearing tribunal.

The challenge in organisations is to build a bridge between the world of the personal, subjective and even unconscious elements of individual experience and the world of organisations that demand rationality, efficiency and personal sacrifice ' [Briskin 1998 p. xii ,cited by Carroll [2010]

While the original Briskin challenge was directed towards business organisations it could equally well be applied to the divide between the world of psychotherapy which is a world of unconscious elements, of metaphor, imagery and dreams and the world of complaints and the

quasi-legalistic procedures of the Hearing Tribunals. A divide that is desperately in need of a bridge.

This is a challenge facing counselling and psychotherapy organisations when dealing with complaints disputes. At such a time these organisations occupy a space between the personal and subjective world of therapy and the quasi legalistic territory of the complaints procedure and the public face. A complaints tribunal is not a court of law and decisions have no legal standing and yet its aim is to establish whether there are realistic grounds for complaint, whether the therapist has been negligent or abusive and to impose sanctions where these are considered appropriate.

Many of the people I interviewed were not prepared for the shock of the formality of the hearing tribunal. The arrangement of the room itself often felt intimidating. For many of the therapists and complainants coming from the non-judgemental and relatively unstructured world of therapy this now suddenly felt an alien and intimidating world. A number of interviewees commented that it felt too much like a courtroom.

A hearing, I was repeatedly told by organisation lawyers both during this research and through my work on the UKCP Professional Conduct Committee, is a quasi- legalistic process. This is a world where therapists and lawyers, each coming from very different backgrounds and ways of thinking, have to come together to try to provide a fair hearing in as humane a way as possible. In the hearing tribunal these two worlds, therapy and the legal world come together and must work together. While talking to those of my interviewees whose complaint had gone as far as a hearing, a number of them complained that no one explained the procedure to them; they didn't know what would happen; they didn't know who the various people in the room were[132]. Fay compared the proceedings unfavourably with her divorce proceeding where someone from the court sat with her to explain what was happening and she questioned why something similar could not be arranged. Genevieve felt that she and her companion had been quite well looked after throughout the day of the hearing, although there had been concern as to whether therapist and complainant would be on the same train. The decision of the panel had been in her favour, and she had been believed and yet she still described it as 'The worst day of my life'. Rolf talked of his feelings of fear and intimidation; that the hearing was, 'for a counselling environment, surprisingly unholding'; 'harsh punitive and vile,' 'people behaving in a way that I had never experienced before'. At no time did he feel he was listened to.

[132] This was not my experience of the two hearings I attended. All the personal in the room were introduced and an opportunity offered for any objections to their presence.

Several people came away from their complaint tribunal saddened by the whole procedure. Elizabeth's appeal against a third party complaint was upheld, the panel had found no evidence of unethical behaviour, but she left the room that day saddened and angry with the whole process. She felt that all parties had lost out; the work with her patient never recovered from the intrusion; the patient had lost her therapist and now had to try to rebuild her relationship with those who had brought the complaint. All of them were left to deal with their feelings towards the organisation which had actually transformed the obvious distress of the third party into a cause for complaint rather than seeing it as a distress signal that needed talking through with the patient, perhaps even with the help of another counsellor. For the patient, the fact that the complaint was accepted had caused her therapy to be destroyed and her relationship with those bringing the complaint further entangled; and for the therapist, all the anxiety and distress of a complaint and the destruction of on-going work.

Hugo also talked with sadness about the whole process of the way the complaint was handled, he came away saddened and angry. He supposed his client, also a member of the same organisation, 'had much the same feelings', that there had 'been no attempt by the association ... to achieve a proper and healthy resolution, a piece of healing of that relationship.' He felt he had not been listened to, that he was the victim of a legalistic process. He made the comment 'It is often the bigger picture that gets lost in a legalistic process.' Indeed, another interviewee [Fay] who had had one part of her complaint upheld, also just felt saddened by the whole process, with no feelings of having won. Just a terrible feeling of loss. 'Loss of her therapist, loss of any means of reconciliation.'

7.5. Alternative Dispute Resolution ADR

The provision for alternative ways of settling difficulties and disputes between therapist and patient varies considerably between the three major organisations and often between the different UKCP organisation Members.

In the UKCP census of 2009 58% of organisations said they offered support to therapists and complainants but no details were asked for on the census form as to the nature of this support. UKCP's new Complaints and Concerns Process is based around the premise that most of the complaints that are not serious breaches of professional conduct and where the therapist might be considered 'a danger to the public' will go for some process of alternative dispute resolution.

It is the intention that use will be made of trained mediators, mostly people who are not therapists, and only if mediation breaks down will the case go to a tribunal.[133]

Mediation as offered by UKCP tends to be a meeting with a trained mediator, possibly for up to a half day, where the focus is on options, choices and decision making. Springwood [2007 p136] describes these choices as apologising; agreeing to seek more supervision or training on the part of the therapist; resuming the therapy; agreeing to disagree or moving on to a formal hearing. These options are not how my interviewees imagined it[134], they thought that it would be more like therapy, a place similar to couples counselling. But mediation is not therapy, it is mostly used as an opportunity for both parties to come together in a safe and neutral place in order to talk about the way forward in a way mutually acceptable to both parties.

BPC does not offer mediation but there are opportunities for the individual MIs to support members and complainants and to offer alternative ways of conflict resolution including mediation when appropriate. All complaints that need to be heard by a tribunal are heard by BPC.

BACP does not offer mediation or any form of conflict resolution. I was told [PCM, 2011] that complainants to BACP no longer seem to use the early telephone consultation service which is available but tended to submit written complaints straight away. If this is still happening then it is a rather retrograde step; a step away from consultation towards the realm of legalism. With no mediation programme when a complaint comes in to the organisation it is then faced with a black or white decision, - whether or not to accept that there is a case to answer. There is no intermediate position, no bridge between the two positions. There is no place to acknowledge that there is a concern on the part of the client, but a concern that might be best served by talking it through, by some form of alternative dispute resolution. The BACP complaints procedure states clearly that before a complaint is accepted the complainant must show that attempts at reconciliation have been made. None of my interviewees experienced anything of this.

I interviewed two Chairs of Ethics from UKCP organisations whose philosophy towards conflicts was based on resolution rather than by going through the quasi-legalistic procedure of a tribunal[135]. Significantly both these organisations were small where transparency was valued and where there were real opportunities for communication between therapists and management. These were the only two organisations that said that in the event of any therapy

[133] appendix Q5.2 p64 for the plan of the new procedure
[134] Hugo, Fay, Odette.
[135] TRTA and KI

breakdown they would talk with the therapist, explore the difficulties and encourage the therapist and/or the would be complainant to go for mediation. I asked other Chairs about their attitude to mediation and what would be their response if a therapist member of their organisation refused to go for mediation when this was requested by the patient. Two of the Chairs had not thought about such a situation, they 'supposed they would just accept it'. The point was made by others that the therapist had the right to refuse and in that case the complaint would go straight to a hearing. Other organisations within UKCP stated they were prepared to arrange mediation[136] if this was asked for, but they did not claim this as their basic philosophy.

It is important to note that when a therapist refuses their patient's request for mediation, the patient is then left with the difficult decision of either dropping everything or going on to a full complaint and possible hearing. Probably neither situation was what the patient really wanted or was even suitable for the difficulty the patient was experiencing. Many such patients, as Totton [2001] and Pope [2006] suggest, would just like an explanation and an apology.

Therapists who are experiencing difficulties in the therapy have supervisors and colleagues to turn to. Clients have no one to turn to unless they have suitable knowledgeable friends. It is likely that the only way they see open to them in order to obtain resolution of any conflict is by making a complaint. [Totton 2001].

Pope writes of the widespread fear of apologising [2008]. Apologising, he says makes us feel vulnerable, we cannot be certain of the consequences of either apologising or declining to do so. But he reminds us that research suggests that an apology can help heal the effects of professional mistakes. [Robbennolt 2003 cited by Pope 2008]. It can be a healing for both therapist and patient. Totton [2001 p101] also writes about this difficulty of apologising: an apology, he says, is so often considered an admission of guilt and few practitioners, when working in an environment which assumes that no one is trustworthy, will dare acknowledge error. 'An apology', he says, 'is not about blame'.

Mediation is not suitable for everyone or every situation. It is deemed not suitable in cases of extreme sexual abuse although these are instances where the complainant is surely entitled to an apology. Care must be taken lest the complainant should feel that the organisation is using the offer of mediation as a way of avoiding a complaint hearing.

[136] UKCP census 2006-2009 appendix Q4

Of the fourteen therapists and patients I interviewed for this research who had been involved directly in a complaint, eleven wished there had been some sort of mediation, some form of conflict resolution, some alternative way of resolving the difficulties which had been experienced in the therapy.
Luke was proposing a meeting where he and the complainant would be able to have a period of time together with a therapist during which they might have come to some understanding. He felt, that in such a situation, he might be able to acknowledge that he was mistaken. Luke was envisaging a period of three months or so of such consultation. I have heard of such situations in the psychoanalytic world but they are very very rare, not available to most of those whose therapy has encountered difficulties. Hugo commented that mediation was 'not very different from couples counselling, getting together the two people to hear their stories and then attempting little by little to arrive at some sort of non violent outcome with empathy and attempts to learn from the circumstances.'

Bridget's therapist did agree to mediation. She said how she basically used the time as an interrogation of her therapist as to why he had treated her in certain ways, of why he thought that telling of his personal life was relevant to her therapy. For Vivienne's patient mediation was an opportunity for her to say some of the things she had not been able to say during the therapy and proved to be also an opportunity for both participants to reach a reasonable place for closure. Mediation, Vivienne felt, was for the patient, for her own healing she had to look elsewhere. The mediation session she said was one of the most exhausting and scariest things she had ever done, not knowing what would happen, thinking on her feet. But she said they both wanted resolution and that was a good starting place.

For Rolf where the complaint against him was brought by the agency for whom he worked,- the client concerned had not wanted to bring a complaint, - there was no possibility of any form of mediation, his distress was such that in the process of the complaint there seemed no place to express regret, remorse or to say that he was sorry. He had been forced to discontinue work with all his clients at the agency, including the client concerned, there was no opportunity even to say goodbye or to try to bring about some sort of ending with each of them. He does not know what happened to his clients after he left.

While involved in this research I was asked by a very senior clinician, how many recipients of a complaint that I had interviewed had actually expressed any remorse about their behaviour? I will add to this how many complainants had received an apology? I couldn't answer at the time but on reflection I realise only one therapist had apologised, - Genevieve's.

Odette had made a complaint about her therapist's intrusive behaviour. She wrote that she wanted resolution, she wanted some form of mediation, but the therapist refused. She saw two therapists from the organisation, which seemed to be the pattern for this organisation at the time: they referred her to another therapist, a referral which Odette found helpful. She wondered if she could resolve it on her own but she knew that she really needed to meet with her therapist in order to resolve some of the conflicts. It was after her son was mobbed when walking in the street and had been offered a form of Restorative Justice[137] with his attacker that Odette became determined to have a meeting with her therapist, she needed, she said,' to resolve the transference'. She found someone willing to mediate, but still the therapist refused to meet with her. Eventually she went back for six sessions with him in order to effect some sort of closure. She asked, 'Why have I gone back?' ...' I had gone back to make it right. Because I think you know..... there are two sides to making a complaint. You want to repair the damage done to you but there is also part of you that wants to damage them. I felt damaged by him. I was damaged by him it was very bad'. She went back but she still felt it wasn't really resolved because he never acknowledged that he had got it wrong and never apologised.

Hugo also talked about the idea of some form of restorative justice. He commented on the fact that while counselling was primarily about relationships there was no attempt by BACP to provide any means of healing for relationships that had broken down. He commented that' mediation was just not part of our understanding as counsellors'. He felt BACP failed both complainant and therapists in this respect. He went on to say '..they [BACP] are quite happy to make money providing mediation for people about to get a divorce' and that there was 'something bizarre there'. This notion that BACP failed to provide its members with the opportunity of a restorative justice by the non- provision of any possibility for mediation was one voiced in various ways by both therapists and patients in this research.

However not all complainants were interested in mediation, some were possibly not ready for resolution. When I interviewed Genevieve she was still very angry with her therapist and distrustful of all counsellors and therapists. When asked about the possibility of any form of conflict resolution she said she thought her counsellor had gone beyond that. She had no wish to be on good terms with her. She felt distrustful of all counsellors and would not consider ever seeing anyone again.

[137] appendix 19

Listening to both complainants and therapists on this issue and hearing of the reluctance of so many therapists to enter into any form of conflict resolution it becomes apparent that therapists will require a lot of support and encouragement if they are to engage in any form of ADR. There is still a great deal of ignorance and fear on the part of therapists concerning the nature of mediation, it is not something that is much discussed within many organisations and it is likely that therapists are quite unaware of one of the most important aspects of mediation which is, that anything said within the process is completely confidential. Nothing said during the mediation process can be used elsewhere should the complaint go on to a hearing.

The UKCP PCC in the past when it was dealt only with appeals against decisions of an organisation member as a form of conflict resolution has used mediation as an alternative to sending appeals to yet another tribunal, a number of them have been quite successful in resolving the dispute.

7.6. Supervision

Several of the therapists who had received a complaint talked about supervision and the role of their supervisors both in their work and in the process of the complaint[138]. Several therapists were quite critical of their supervisors, they had felt unsupported, felt that it had been by following their advice or receiving unhelpful advice that they had run into many of the difficulties which led to them receiving a complaint. One therapist felt that she had been pressurised into taking a particular client; another that his supervisor should have told him, have warned him, of the dangers of what he proposed to do. An issue that disturbed a number of therapists was that the BACP complaints adjudicators would not consider the testimony of supervisors on behalf of their supervisees. At the hearing they were not able to speak in either support of or against their supervisees.

As an extraordinary contrast to this there was one complaint brought to a UKCP OM where the supervisor spoke on behalf on the respondent, and in the words of the complainant, used the opportunity to tell the panel that the complainant had never used her therapy properly and that the complaint was pure phantasy and an acting out. This was the only time that such a situation was encountered in my research.

Estella had been a fairly inexperienced young counsellor when she was encouraged to take on her patient. She had been reluctant, she felt she was not ready, felt that she should not take on

[138] Hugo, Vivienne, Estella

that particular patient but her supervisor persuaded her by saying' You've got to cut your teeth on somebody'. There followed many difficulties and crises in the work, there was always the threat of a complaint, Estella realised that she was only just surviving in the relationship. After a while her supervisor was saying that she 'needed to rid of that client'. She realised this was true, but felt that was not so easy, she felt that even if she did refer her on it 'would come back and bite me' Her comment that 'by this time the notion of working with a gun to my head clearly isn't comfortable', showed some of the pressure and anxiety under which she was working. The phrase 'a gun to my head' was right . There had been pressure to take on the patient and then pressure to 'get rid of her'. To refer the patient on, she felt, risked a complaint from her for abandonment, while to continue working with her felt equally dangerous and liable to complaint. The complaint when it came was around the idea of abandonment.

Estella's comment to me was .- 'It just taught me of course, always follow your instincts there. Don't allow yourself to be pressurised into something that does not feel right for you'. Talking about her person centred supervisor, she went on to say that she was such a good supervisor in so many ways but she felt that her structure and boundaries around it were such that they were both loose and overly rigid. She was about to change supervisors when she received the complaint. The new supervisor was psychoanalytic, she considered him very supportive, containing and very helpful during the process of the complaint.

Estella had felt pressurised into taking the patient; for young counsellors in training the word of the supervisor can be very powerful. It is not that easy to say 'No' to taking on any particular patient presented by the supervisor. It is not easy to resist the pressure. Alongside this, for trainees there is often the anxiety around the need to complete the required number of client hours for qualification, they too often worry that if they refuse a referral they will not be offered another one. There can sometimes be great pressure to take on particular patients, pressures coming from a number of different sources in an organisation.

Vivienne also felt very ambivalent towards her supervisor who had moved away just before she received the complaint. She felt that it had been in following his advice that she had ended up with the complaint. She did not think it would be helpful to contact him, she considered he would just be defensive, and that it would just polarise everything. She felt that her new supervisor, although more experienced with complaints, treated her like a trainee, and because she felt so destabilised, by the experience of the work and the complaint, she felt she had colluded in this and did as she was told. She wondered about the value of supervision, she had followed her supervisor's advice and 'had been slapped with a complaint, it was me that was in the firing line'. A similar metaphor to that used by Estella, guns, firing line, the risk of being

shot, violence and feelings of helplessness and fears of attack from both patient and supervisor. Vivienne said that by this time she was feeling irrelevant, nowhere to be seen, it seemed irrelevant what had been taken to supervision, mitigating circumstances she was told were no defence and that what she had to do was just put it right for the client.

Hugo also considered that some of his troubles were caused through lack of adequate supervision. He considered that his supervisor should have warned him against entering a dual relationship with his client, that she should have even questioned his taking-on that particular client, an accredited counsellor who was more experienced than himself. However his supervisor did write a letter to BACP in his support. After the hearing one of the conditions of his sanctions was for him to change supervisors. He felt he learned a lot from the sanctions imposed, especially the work with the new supervisor. This was a move from a person centred supervisor to someone working psycho- dynamically.

Continuing supervision of work throughout a therapist's working life is considered very important by most organisations; for BACP members it is compulsory while other organisations allow for periods when a therapist may be using peer or group supervision or even a period of rest and consolidation. In spite of this recognition of the importance of supervision it was a shock to many interviewees to learn that adjudicators were not interested in the opinions of their supervisors and would not allow them to speak at a hearing in support of their supervisees, neither did the adjudicators seem interested in any letter written by supervisors in support of their supervisees.

Elizabeth had been working with her supervisor for a long time; the supervisor was familiar with her work, including that with the patient who became involved in the complaint. She was shocked to discover that her supervisor was not wanted at the hearing, basically she said, 'they were not interested in my supervisor or in what my supervisor had to say'. They were, she said, 'very dismissive'. When she had first asked BACP for any particular advice following a third party complaint, she had been told to take it to her supervisor.

Rolf, following his self disclosure had to face a hearing organised by the agency for which he worked. His supervisor made an appeal on his behalf at the hearing, but Rolf said, they took no notice of him at all. He was made peripheral. He was his 'big witness, his main witness'. Rolf had shared so much with him about the client. As Rolf talked with me, his distress around what had happened was so apparent. The panel, he said, took no notice of his supervisor, just seeing him as part of the problem, they considered that Rolf and his supervisor were in some sort of collusion.

One interviewee's insurance company support representative suggested that supervisors are often seen as part of the problem. To an extent supervisors are also on 'trial'. Supervisees have been following their supervisors 'advice',[139] and once a complaint is made they might well be seen as having at least contributed to the problem. Certainly Estella, Vivienne and Hugo felt that there was some truth in this assertion. It is only very rarely that supervisors are included in a complaint about a therapist. During the time I was on the BAPPS Ethics Committee no supervisor received a complaint in her capacity as a supervisor and, while doing this research, I have heard of only one such occasion from a Chair of an Ethics Committee.

7.7 Third party complaints.

I have written in Chapter five of the difficulties encountered by two therapists as they sought to bring a complaint against a therapist when no one was prepared to come forward as either a complainant or witness.

Reports of a therapist having sexual relations with his patients came to the ears of therapists, and supervisors in the course of their work, but no one was prepared to make an official complaint. This has been an issue in the psychotherapy for many years: - how to deal with hearsay material.

In one reported case the situation was resolved through an informal interview; the therapist admitted to the accusations and his membership was terminated. In the other case an attempt at a formal complaint collapsed because no one was prepared to come forward and the Code of Ethics did not include relevant clauses. .

One therapist, when she heard of my research contacted me and spoke of her difficulties when a patient of hers talked of sexual abuse by her previous therapist, but was too afraid to make a complaint. What was she to do other than try to suggest to her patient that she brought a complaint?

The new UKCP Ethical Principles and Codes of Professional Conduct [2009 13.2] states that *'therapists [must] accept a responsibility to act against colluding with practice harmful to clients including that carried out by other professionals and colleagues. This should include,*

[139] I use that word advice with some caution, supervisors do not technically give advice, they offer trainees guidance and for both trainees and experienced therapists alike they hold up a mirror for reflection.

where appropriate, activating procedures for addressing ethical concerns including formal complaints if necessary'.

Arguments for the inclusion of this clause include issues such as 'for the greater good', 'maximising welfare', and 'protecting the public'. Unfortunately it raises another moral dilemma of conflicting interests, that of the wider public versus those of the individual. A dilemma reminiscent of that explored in depth by, among many others, Sandel [2009] – Jeremy Bentham's, Utilitarianism, promoting the greatest good for the greatest number versus Libertarianism. This clause suggests that the therapist should disclose the abuse even if her patient does not wish to do so. This then could become another assault on the confidentiality of the therapy room. I think that this is a clause that needs a great deal more thinking and discussion. The implementation could dissuade patients from talking about such issues in their therapy.

Chapter eight - The way forward.

At the conclusion of each interview as the interviewee and I talked and unwound after the tensions of the interview I asked each of them what they hoped might come out of my research; what changes, if any, they would like to see in the process of either making or responding to a complaint. What would have been helpful to them?

I received one basic fundamental reply, namely that the whole process should become more humane. All interviewees in their different ways conveyed how they considered the whole complaint process painful, traumatic and inhumane.

But how are we to translate this wish into something real?

I have already written extensively about therapists' concern over lack of support. By listening carefully to what they had to say, I gained the impression that their real concern was an overall feeling of an absence of a caring and supportive atmosphere on the part of their registering organisation.

There could be a number of ways to 'humanise' the proceedings while still acknowledging that a complaint hearing is a process which could have very serious consequences for the therapist. First and foremost therapists need to be familiar with the whole complaints process and to keep abreast of any discussion and changes. This should be considered as part of their general continuing professional development [CPD]. They need to have their own support system in place. Both therapists and complainants need to realise that they are likely to be questioned in order to establish the facts of the case, this need not, however preclude it being conducted in a humane way. It should be the responsibility of the clerk to make sure that all involved are informed as to the proceedings for the day.

It should not be too difficult to establish a well informed help desk which could be available to anyone experiencing difficulties, where either party could get information. Such a facility could be quite separate from any adjudication process and need not belie the neutral stance of the organisation or contaminate any subsequent investigation. This would go some way towards enabling therapists and complainants to feel that support was available at that most crucial initial time. An organisation can be neutral without being, or thought to be, obstructive- which is how a number of my interviewees perceived their organisation. All three organisations publish a number of information sheets giving guidance for those considering a complaint and

for therapists receiving a complaint. Complaints are not always clear cut, clients, especially lay people, are not always sure whether or not their concerns are cause for complaint- this is one of a number of reasons why people, do not complain – they often need to talk to someone about their concerns before making a formal complaint.

Chairs of Ethics Committees whom I interviewed spoke of the many hours spent on the telephone talking to people who were unsure whether they had cause for complaint. In the new UKCP system of Complaints and Concerns Process, provision for such a help desk is planned, how effective this will be has yet to be discovered. Concern has been expressed by a number of organisations that the help desk will be mainly serviced by lay people, lawyers and not therapists and that it will become more legalistic rather than therapeutic. Some Chairs of Ethics Committees in the OMs were concerned that a central desk would not be able to commit the same amount of time to each person as they themselves have done. It is anticipated that this support will be mainly for complainants, with support for therapists, under the new system, coming from their Organisation Member and the Colleges. CPJA have sent a directive to all members asking them to ensure that they are familiar with the complaints process; suggesting that they have a support system in place and that they have the moral support of their OMs and colleagues. Hopefully other colleges are doing something similar. UKCP direct members will be at a disadvantage in the event of a complaint, they will be in a similar position to BACP members, with no intermediary OM or college for support.

The new UKCP CCP process is modelled around the advocacy of alternative dispute resolution for any case that does not involve a fitness to practice complaint. There will always be those who refuse to go through a process of ADR. Therapists and complainants will often need help, support and very clear explanations of what is involved and what can reasonably be expected from the process. It will be especially important to encourage reluctant therapists to participate when their patients particularly ask for mediation.

It would go some way to humanise the process if BACP were to offer some version of alternative dispute resolution, to provide a procedure available for situations not involving serious abuse; for situations where perhaps the concern might not even be considered serious enough to go to a hearing but is still of concern to the client. Research had shown [Pope 2008] that many people bringing a complaint are ‘simply’ asking for the therapist to say sorry. Patient and therapist need an opportunity to meet in order for that to happen. Several of my interviewees said that, at the time of the complaint, they would have liked an opportunity to meet with their therapist, for some form of mediation but were refused it.

BACP has now [February 2013] registered with the Accredited Voluntary Register, [140]- the Professional Standards Authority[141]- they were the first to do so - and one of the resolutions with regard to the handling of complaints is the encouragement of early resolution which may include the use of mediation where appropriate. It is too early to know how this will feature in the BACP complaints procedure.

Complaints need to be settled promptly; some complaints as reported by interviewees, took a very long time to be heard. These issues need attention in order that therapist and complainant are not left in an unsettled state of tension any longer than is absolutely necessary. But, and this is also important, participants and panels do need to be given a reasonable amount of time in which to respond. There are many ways of facilitating progress through a complaints process that could be explored.

Therapists and patients also often need some support after a complaint has been heard. In UKCP and BPC this could be undertaken by the organisation members. Could BACP also offer some form of support? Patients may appreciate help in finding another therapist.

If however we are truly to consider the way forward it is at this point in the project that it is important that we stop and consider the River Story, sometimes called the upstream-downstream story. The origin of the story is not known and there are many versions, - one version is available in the appendices[142]- basically all have the same message; a message of deep philosophical and practical importance of relevance to the health service and the penal system as well as to psychotherapy. The question we have to ask ourselves is do we focus our resources on the treatment of disease, the punishment of criminals; the resolution of complaints in psychotherapy or do we put our money and our energy into the prevention of disease, crime and psychotherapy abuse and breakdown. The essential message of the story is that both are of importance. If attention is paid to the prevention of abuse and breakdown, then perhaps fewer resources will be needed at later stages and less distress and harm caused to both therapist and patient.

The suggestions with regard to the way forward which have been cited above are part of the system of caring for those who have fallen in the river, but what of the way forward in terms of trying to prevent them falling in in the first place?

[140] appendix 23
[141] Formerly CHRE
[142] appendix 21

First and foremost it is essential that training and continuing professional development programmes begin to foster a greater ethical awareness among counsellors and therapists, that there is more open discussion of ethical problems and dilemmas and more openness around difficulties encountered in therapy. It is also important that therapists are fully aware of the contents and implications of all documents pertaining to ethics, ethical behaviour and complaints.

Therapist need to be aware of the importance of the initial contract with the patient or client. This needs to include clear information about their registering organisation.

Abrahamovitch [2007] makes a plea for the stimulation of ethical awareness in training and the adoption of a preventative approach. He puts forward a Talmudic approach; a direct confrontation of individual examples and dilemmas. This, he says allows the trainees to explore the dilemmas of what Primo Levi [1989] called the 'grey zone' where the boundaries between good and bad are unclear and where many ethical dilemmas are not specifically covered by codes of ethics. In this way, he says, ethical awareness becomes part of the group life of the society so that therapists become an ethical resource for each other.

On similar lines Wiener [2003] makes a plea for finding a space for thinking about ethical issues while Wharton [2003 p 100] pleas for more open dialogue among colleagues, and for an atmosphere of greater openness. Otherwise, she says, 'confidentiality is in danger of falling into its own shadow, that of secrecy ... in the modern idiom a 'cover-up'. This is not, she says, a matter of mere convenience but an ethical requirement. It is only through knowledge, and openness that any learning can take place.

The first step towards resolution is the opening up of dialogue. It is important to bring these issues out into the open. Preservation of confidentiality seems to be the stumbling block when considering learning from experience but 'when confidentiality is practised in an absolute way it can lead not to confidentiality but to secrecy and isolation and can actually be detrimental to every ones interest'. [Palmer Barnes1998] This discussion must surely include the position the organisation wishes to occupy as viewed from the outside world and the values they wish to aspire to.

There needs to be more in the way of support for therapists having difficulties, supervision, as experienced by therapists in my sample, does not always seem to be enough. There could possibly be a safe place where therapists caught into an erotic countertransference, for example, could go and talk before issues get acted out in the work with the patient. There would need to

be a reassurance that such talks were confidential. More training for supervisors in detecting what is perhaps not being said is important. Supervisors need to be more aware of when a therapist is in difficulty with a therapeutic relationship and be willing to confront their supervisees. They also need to be familiar with complaints procedures. In some organisations supervision training is not a requirement, seniority and experience, -even for training supervisors, - is considered sufficient. Once a therapist or counsellor has qualified no check is kept on their choice of supervisor. Is this now considered good enough? The role of the supervisors in complaints is one that does need further consideration. At present no organisation makes provision for any testimony by a supervisor. There are arguments against this which include the idea of collusion between therapist and supervisor. The position with regard to supervisor testimony needs to be made clear as a number of therapists in my research expressed anger that their reports were not considered, yet nowhere – as far as I know – is this stated that it could or could not happen.

Consideration needs to be given to the possibility of early intervention into a therapy that is struggling. The privacy of the therapy room is always considered sacrosanct, not to be intruded on in any way. Should this be questioned? Issues around support for patients and therapists experiencing difficulties in their therapy need to be seriously explored. These are difficult ideas but until therapists and trainees become more aware of ethical issues involved, nothing will prevent 'more babies falling in the river'; more therapists behaving unethically; more patients damaged and/or making a complaint.

Organisations need to be considering these and other ways of assisting and dealing with therapy breakdown and complaints even if it means breaking with tradition and the straight jacket of confidentiality that restricts openness.

For many years much teaching and learning from experience in the psychoanalytic and psychotherapy world has been through the publication and study of case studies. This was a method instituted by Freud that has since continued. Often these case studies were published without permission being asked of the persons concerned. This practice is now deemed unethical. Many editors now expect to see written consent before publication[143]. The issues involve respect for the individual, confidentiality and the protection of the patient's anonymity alongside the importance of the analytical relationship and the patient's trust. Many case studies are now written some time after the therapy ended. To write while on-going could endanger the process. Wharton [2003 p99] quotes Klumper & Frank's [1991 p539] research and impression

[143] This is not always the case. The editor involved in the publication of the article written about one of my interviewees had simply stipulated that the name should be changed before publication.

that confidentiality is not simply one issue but many. It is many faceted. Perhaps it is as a consequence of these issues there are, to quote Wharton, fewer clinical papers being submitted for publication.

Psychotherapy and counselling students have long been expected to present a case study as part of their final assessment. The ethics of this has recently been questioned and many training establishments now make clear to clients being seen by students that a case study of the work may be written and presented for assessment. Whether organisations make provisions for patients to see these case studies, I do not know. The ethics of public or semi-public presentations of student case studies also needs to be questioned again in terms of clients' confidentiality and their trust that this will be upheld

There is a great need for the interchange of knowledge and understanding of ethical issues between different training organisations. Some colleges do seem to encourage this by organising workshops for discussion of different aspects of the work. Similarly there needs to be opportunities for members of Ethics and Training Committee members within an organisation and between organisations to meet and discuss issues around ethics training for students and members.

I was told by a senior member of BPC that a number of the individual institutions do not have a programme of ethics training. The argument was put forward that they were too small to mount such a programme. This is an interesting argument in that in this research I have found that most often it is the small organisations that are based around a philosophy of ethical discussion, understanding and training. It is essential that all organisations make provision for ethics discussion and training.

BACP publish many articles around ethical issues in their monthly journal and in the past have organised a number of workshops in different regions around the country exploring issues around complaints. [BACP PCM] [None of my interviewees had experienced these.]

The furthering of knowledge and understanding about difficult ethical issues could arise from several different sources. I explore some of these below.

1. Knowledge of documents

First and foremost members of all organisations must be fully aware of the implications of the Codes of Ethics, Codes of Professional Conduct, or Ethical Frameworks of their particular organisation, along side this they need to be familiar with their own organisation's Complaints Procedures.

2. Ethical thinking

Training and CPD development for all therapists aimed at the development of ethical thinking as they confront particular ethical situations and learning from the experience of previous dilemmas that have led to complaints. Examples of these dilemmas might be identified by studying issues that people have complained about in the past; types of complaints that have been received, looking for patterns and clusters of complaints, and whether, for example these clusters are gender based, modality based, counsellors or therapists, young or older therapists and from this exploration possibly unearthing groups of counsellors or therapists that are most vulnerable.

3. Record keeping

The type of knowledge required above can only come through detailed examination of previous records – and the corresponding keeping of good records for future generations of therapists. These good records should be not only of the decisions but also of the deliberations of the different complaints panels in order that these can be used for discussion and learning for future panellists. Learning from the previous experience of those who have served on these panels, panellists' decisions, and the ways they came to these decisions is very important. It is important to maintain records in a manner which will allow analysis which will in turn inform future discussion and learning.

4. Learning from the experiences

Learning from the experiences of those who have made or received a complaint within the various existing systems. Many of these systems have changed considerably since those experienced by the interviewees in this research. But the experiences of therapists and complainants, whether involved in a complaint twenty years ago or recently are remarkably similar- as this research has shown.

Members serving on pre-hearing panels and those hearing complaints need opportunities to discuss past cases and must be prepared to provide the reasons for any decisions they make so that they become available for member's future learning.

My focus in this research has been primarily on individuals' experiences in the hope that consideration of these experiences will influence future complaints systems but I have also presented an analysis of what is known about past complaints with the aim of learning from these of the types of complaints being made. It also seemed important to try to discover who was making complaints and against whom were they making them.

Khele [2008] and Symons [2010] and my own piece of research indicated that proportionally many more complaints were made against men than against women. My research showed a gender divide between types of complaints made against male and female members. One of my interviewees, a senior member in BPC, considered that older men, the trainers and supervisors in training organisations, were the therapists who were most likely to transgress and that organisations needed to be aware of this; perhaps to provide extra pastoral care for these men. In all surveys of complaints nothing is recorded regarding the age of therapists involved. We just do not know whether his surmise is correct, more research is required, but if it is so, then consideration is needed into what sort of care would be appropriate and acceptable. This is a problem my interviewee thought would increase as the profession grew older. Issues around gender, sexual abuse of clients and complaints need to be openly and urgently addressed and explored in training groups and Ethics Committees because these issues influence intake, support, supervision, training and preferment procedures. Guide lines for discussion are needed.

The profession needs to address the problem of how to diffuse research information across the three main therapy organisations. We need to learn from each other, the aura of separateness and competition between the organisations needs to be addressed. Joint conferences and workshops might go some way towards this. Are we really in competition and opposition to each other?

An important issue for all psychotherapy and counselling organisations that will need to be addressed in the not too distant future is that around registration and the fact that decisions of the organisations regarding membership have no real impact. A therapist or counsellor can continue to work whether or not s/he is a member of one of the registering bodies, whether s/he has had membership terminated for abusive behaviour, even sexual abuse. Registration through HPC was bitterly opposed by many members of the psychotherapy profession. HPC's way of dealing with complaints and their way of detailing the results of hearings was not one many wanted to see for the profession, but the government's axing of any prospect of discussion and registration in the immediate future has left the organisations free to work out their own ways for regulating the profession. It is probably too early to know quite what effect the AVR will have on the way complaints are handled. However registration in itself will not prevent therapy abuse, or therapy breakdown. This has been shown to be the case in other highly regularised professions, medicine, nursing, the law etc. It is salutary to realise that the profession will never be able to completely eliminate abuse let alone therapy breakdown. All that can realistically be done is provide as 'good-enough' training, supervision, and support for members as possible.

Finally as a more long term project; organisations and therapists need to look seriously at their complaints procedures and the way that they have become more and more legalised with lawyers and managers playing such a dominant role. UKCP are proposing that all complaints hearings are open to the public. This has been a reaction against the secrecy and the defensive nature of the former complaints procedures, - a defensive reaction? Maybe we should be concerned that the pendulum has swung too far the other way so that elements of caring have become lost. Therapists are losing control of their own organisations to the lawyers and managers.

Unfortunately no-one in the past considered the importance of record keeping, this was part of the climate of a non-ethical awareness, even blindness, around attitudes, training and research and complaints in the past. There has in consequence been little opportunity for learning from the experience of previous complaints. But these situations need to be attended to in the future if we are to take seriously our attitude to difficulties, and complaints in counselling and psychotherapy. BACP holds all records centrally which makes them reasonably available but unfortunately so much information about complaints is hidden away in different UKCP and BPC training organisations and is not [at least at present] available for research.

What these three pieces of research showed was the prevailing types of complaints upheld by complaints tribunals. However we know nothing of the nature or number of complaints that did not reach a tribunal or were not upheld. We know nothing about any situations resolved by 'alternative dispute resolution' nor do we know why cases were rejected. Probably very little of this data was ever actually recorded. But all of this is important we need to know these details in order to provide a fair system.

Future plans

My task in this research has been to throw open a few closets, to explore the experiences of those who have experienced a complaint and hopefully clear away some of the secrecy around complaints. Within the coming year, I propose to write an article in the Psychotherapist [UKCP] and Therapy Today about some of the important issues raised in this research. Many people have already asked if they can read this project. Relevant sections will be sent to all interviewees who have requested it, and to the Chair and members of the PCC and the Ethics Committee

I plan to give a paper or run a workshop at the BACP research conference next year. This will be on some aspect developing linking training and ethics. I am also very interested in further

exploring the preponderance of complaints made against male members and the nature of these complaints. I would like to run individual workshops on looking at some of these specific gender issues and I will be working on these ideas over the next months.

I am working towards CPJA organising a workshop for the discussion of some of the various ethical issues involved. We are in the early stages of planning a workshop for Chairs of Training and Ethics to talk about ways of working together in promoting ethics training throughout each organisation. When I proposed this recently, first in the Ethics Committee, and then in a general meeting of organisation representatives the idea was quite enthusiastically received. It is early days yet and details have not yet been worked out but it is part of a general plan to relieve the Ethics Committee of the responsibility of vetting complaints procedures – this to be handed over to quality control - and for us to focus more on developing the committee to truly be the heart of the organisation and to initiate training and discussion in the organisation. It was within this understanding – and my learning from this research - that the idea of the joint workshop developed. The ethics committee is small and feeling its way and although we all have experience of being on other such committees. The committee had been involved in a research project to explore organisations reactions to the proposed central complaints procedure, while a number of organisation are committed to this others are still very cautious and apprehensive.

CPJA research committee are also initiating a survey of all members' research projects to which I have contributed. The UKCP PCC is considering another workshop. I will contribute to that, but so far there are no definite plans.

What has been very important to me in terms of an outcome of this research is the way it has influenced my input into the Ethics Committee discussions of the proposal for the new Complaints and Concerns Process and particularly my work on the Professional Conduct Committee. One issue that has been particularly important in working with the lay Chair and the PCO is facilitating their understanding of many of the issues that come up in the course of the work in therapeutic terms, for example, by introducing to them an understanding of transference and countertransference and other therapeutic issues. In return they have helped the therapists on the committee to examine documents more closely and to look at issues in more careful and possibly quasi-legalistic terms.

I plan to become involved in further research. I am already in the process of analysing the reasons for and outcome of all appeals to UKCP over the years 2009-2013. I also plan to explore further the gender differences in complaints. I would like to join up with Clare Symons

on a joint paper if at all possible to analyse further the complaints received by BACP between 1996-2007.

I also propose to explore further situations of third party complaints where no one is prepared to make a direct complaint, situations where therapists 'accept a responsibility to act against colluding with practice harmful to clients' [UKCP 2009]: situations where 'the greater good' must prevail over the responsibility to the individual [Bentham 1797 in Bowring 1962], situations where therapist hearing accounts of former abuse from clients are expected to bring a third party complaint. This is an issue that I surmise few therapists in the organisations have really considered. It is a profound ethical dilemma, should patient confidentiality be preserved at the possible cost of other people being harmed? This is a situation that needs to be discussed throughout the organisations and will be on the agenda at the proposed workshop, [above] there is no easy answer; Bentham's philosophy of utilitarianism – the greatest good for the greatest number - has long been debated. Part of my further study is planned to be around ethics and moral philosophy.

Finally a colleague and I are planning a joint article to be offered to BACP, the contents are not yet planned but will encompass some of the ideas and issues mentioned above and those coming out of this research. I am particularly interested in further discussion between Chairs of Ethics and Training. My colleague has worked for many years within the BACP and she will bring to the discussion ways alerting BACP trainings to discuss these ethical issues.

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Finally, I am coming to the end of my working life, what is now most important to me is the '*passing on of the torch'*, and of getting younger colleagues interested and inspired by these issues of ethics, therapy break down and complaints. Selected chapters of this research were sent to all interviewees including those who were Chairs of Ethics and full copies to many colleagues who have expressed an interest with the hope they will be motivated to work towards a better way of dealing with therapy breakdown and complaints. I have had many encouraging replies from interviewees. The seeds have been sown, they now need nurturing.

Chapter nine - Reflections on doing a research Doctorate.

It has seemed a long and at times a difficult journey. Would I have set out on it if I had known what it would involve? Perhaps not: but at the beginning of a journey who can know what difficulties, what demons and dragons one will encounter. Probably best not to know or many a journey would not be undertaken. Better to set out hopefully.

In the preface of this paper I have taken a quote from one of Eliot's poems – 'Do I dare disturb the universe'? This seemed to epitomise for me something of what a project such as this was about. I was planning to research an area that as far I was aware had been very little researched, or disturbed, before. I was to interview the actual people involved in the complaints about their experiences. And it was also to be my own personal journey of discovery as I came towards the end of both my working and my own life.

It was when writing my review of my professional and personal learning [RPPL] that I came across a question asked of Picasso by the Spanish poet Lorca. He asked Picasso whether he was filled with *duende*, which Lorca defined as spiritual confrontation with death.[144] [Martin 2002] Did he risk his life as he painted, or did he merely paint what he saw? Was his soul entrusted in his painting? This passage struck me with such force at that time; it said something important to me as I stood at the beginning of this project. Do I risk my life as I do this research, or do I merely report what I see? Do I hold back, or do I take the risk, confront the demons. Picasso produced his Guernica, his protest against fascism and the desolation of war!

My first inkling of the possible difficulties lying ahead was a comment on my RPPL to the effect that I had not spelled out those capabilities that had enabled some of my achievements! Why would I do that? It would not have occurred to me to do so. It was around this time that I read the paper by Grafanaki [1996] he which he write of how research can change the researcher. What did this course, this project, want from me? How will it change me?

From the very beginning of doing the PEP, when I interviewed three people who had made complaints, I became completely drawn into the project. My first interviewee had me

[144] The duende according to Lorca is a power, not a work, a struggle not a thought. Loosely means 'having a soul'

thoroughly confused as she took me into realms of management of complaints that, at that time, I knew nothing about. She had had a complaint made against her alongside herself instigating a complaint; the experiences of the two in the telling became interwoven. I decided early on in the interview to simply allow her the space to talk and not insist that she talked about one or the other. I have separated the two incidents in this report in the interests of her anonymity. She talked about issues I knew nothing about. I had to find out quickly about BACP complaints processes and Article 4.6! I went back for a second interview better prepared and less liable to confusion, less awed by the situation and prepared to question or explore those things I did not understand. I realised I had a lot to learn.

Another interview, had been very quiet, very calm, and on the surface emotion free, even while my interviewee spoke of her great emotional distress caused by the breakdown of therapy and the ensuing complaint. Yet unconsciously she managed to impart to me the elements of her distress caused by the therapy breakdown and crucially the trauma of the complaint. I began to sense the tensions in myself. For several days I walked about with a question repeatedly going through my mind. 'Who will contain me, if I am to contain all this? I had begun to realise, if only unconsciously at this stage, that for me this whole project would be about the need for containment. Bion [1962] wrote of the mother's internal reverie with regard to her infant's distress and terror and the importance of her containing and processing these feelings and of reflecting them back in such a way that they could gradually be thought about. My task as this phenomenological researcher, as it is as a therapist, is to process the enormous amount of information and emotions, often barely expressed, that I receive and to reflect them back into this project in a form that could be thought about. I needed to find the 'words to say it'. But, as I reflected in my RPPL, I have often shied away from writing. It was some time into the research that I found Eliot's poem, which seemed to say something of how I was thinking and feeling.

.... Trying to learn to use words, and every attempt/ Is a wholly new start, and a different kind of failure/ Because one has only learnt to get the better of words/For the thing one no longer has to say, or the way in which/One is disposed to say it.[145]

I came to realise as I moved further and deeper into the research that this was also a difficulty that beset many of my interviewees, whether therapist or complainant, as they were catapulted from the world of therapy into the unfamiliar quasi-legalistic world of complaints lawyers and tribunals. For the complainant there was first the task of writing a clear coherent account of their complaints, along with references and dates. For the therapist the need for a response, a defence

[145] Four Quartets. No V

against the accusations they were now faced with. Now they were being asked to tell me their story, more words.

Being a researcher at first seemed something very different from being a therapist. There were particular areas that I wanted to know about and each interview was my sole opportunity to acquire this knowledge. I needed – or thought I needed – information which, later on, I could bring to the discussion when considering codes of ethics or complaints procedures. I began to recognise my own anxiety. There was a tension to hold a position between these two roles of therapist and researcher. It became a deep philosophical tension.

Etherington [1996 p 342] talks of this dilemma, of holding the position of therapist and researcher as a 'double-edged sword'. Without the psychotherapy training, she says, it might not be possible to achieve a deep rapport with the interviewees, but as the researcher it is often hard to sit and listen without exploring deeper into the material presented, or to make a comment or interpretation. Etherington also writes of the difficulties around wanting something – information – from interviewees and the potential for abuse in the researcher-subject relationship in the way the researcher handles the stories entrusted to her.

In spite of all these difficulties I was excited by my experience and findings. Mindful that the findings and experience of the PEP would be part of the final paper I set up systems of analysis that I could continue to use in the main part of the research. The PEP seemed to be well received. I agonised over allowing it to be available for other students, agonised over issues of confidentiality, especially when asked to include a transcript of one of the interviews. I finally decided to withhold it from general view. It was however very gratifying that it was considered good enough to be used as a model for others. I wonder now if I was being over protective of my interviewees' confidentiality in not allowing others to see it, but this issue of confidentiality and anonymity for my interviewees was an ever present concern. With some slight changes to the text to further protect confidentiality I have recently made this paper available for student use. I have done this because I believe it is important that the difficulties and important issues encountered during complaints should be known throughout the profession if any change is to come. It is important that others might be inspired by this research.

I set off quite confidently writing my Learning Agreement. I had no inkling of what was to come. Everyone I had spoken to since my first approach to Metanoia had been encouraging with regard to what I was planning. I already had several more offers from other people to tell me of their experiences of being involved in a complaint. I read extensively on how to present my project and the peer presentation seemed to go well, my peers were already very familiar with

what I intended to do. I was encouraged to talk to the panel rather than read from a script. That was fine; - I had no fundamental problems with that.

All seemed to be going well in the presentation, it was agreed that this was a piece of research long overdue. I began to think that all was well; I wondered whether they, the panel, might ask for a few changes or more details but I thought that basically they considered the proposal was sound and that ethical considerations had been thought through. Then quite suddenly the atmosphere changed. I was told it was considered that the topic was too dangerous to be researching. I would be working with damaged people and with a very sensitive topic. I might stir up strong uncontainable feelings in my interviewees. Finally I was told I just could not do it! By the time of the day I was told this all my colleagues and companions had left. There was no one there. I was completely on my own.

I was shattered, I had talked about this research in the introduction seminar, my application, my initial interview, in the seminars, and in my PEP and had received nothing but encouragement and now suddenly I was told I could not do it, even though at the same time, I was being told it was a research subject long overdue. I had come on the programme to do this research, a doctorate was the secondary consideration, and my working life was well into Shakespeare's sixth stage. Doing further research had been in my mind since doing my MA but I had never, till now, found a subject that I could put my heart and soul into. I was committed to it.

I began to experience some of the feelings expressed by my interviewees when they had begun to realise all was not well in their therapy or when they first received the complaint; what was I to do? Where to go? Feelings of isolation, indecision, not knowing how to deal with the situation were paramount. I had no Academic Advisor, no therapist and no supervisor to talk to. After a while I began to consider making a complaint. I had been accepted onto the course, paid the University fees, led to believe that this was a suitable topic to be researching and had been given no indication whatever that I was not the person to be doing it, now I was told I could not do it.

Gradually, slowly, reason and calm began to take over; 'alternative dispute resolution' was obviously needed. I talked about it, told people what had happened, I petitioned help. I began to receive support, explicit and implicit from a number of people. This was completely new behaviour on my part. I do not usually complain nor is it my habit to elicit support but this was something I was just not going to accept quietly. The anger was important in terms of motivating me to continue.

As I read more I felt further armed and encouraged by comments by Tim Bond such as:-

'To be risk avoidant is to be ineffective and to collude with existing patterns that have become problematic' [Bond 2007 p 165]

And

'Tolerance of uncertainty and ambiguity are built into the clinical practice of inquiry' [Stern 1998 cited in Bond 2007]

I received a lot of encouragement from colleagues and staff and it was meeting up with my new academic advisor that marked the turn around. It was she, alongside the continuing support of my husband, family and colleagues, who gave me the much needed encouragement to continue. As the weeks went by before I could resubmit my new proposal, I felt that I could understand something of the tensions of waiting, of not knowing, experienced by some of my interviewees as they too waited for panels to make decisions as to whether they would accept a complaint or a response and after that there was the long wait for a date for a hearing and then to hear the outcome.

I was pushed and pummelled into writing a new learning agreement by my academic advisor; this was finally resubmitted. The proposal was similar to the one submitted before. I would interview people who had been involved in complaints; this was the aim of the research. There was one important difference; the focus on the way forward. The title of the proposal was changed to reflect this change:-'towards a best practice...,' the phraseology and tone of the proposal was different, it was more persuasive, it spelt out the issues more clearly. It had a purpose. Interviewees had talked to me because they hoped that by so doing there might be changes in the way complaints were handled. Between us we found the words to say it. I know nothing of who was on the panel or what arguments were put forward for or against the proposal but it was accepted as presented with no amendments required. This reinforced for me the importance of words; the proposal was similar, just phrased differently. Issues I had taken for granted had been spelled out.

I can understand much of the fear expressed by my panel. The whole issue of complaints in therapy has become entangled in misunderstandings and difficulties around ethics and boundaries along with threats or hopes – depending on your stance – of government regulation by HPC or some other body. Boundary violation is a topic that has long engendered anxiety, fear and secrecy. Gabbard used the phrase 'Speaking the Unspeakable' [2001] in relation to institutions and boundary violations, which may go some way to explain why researchers have been hesitant to venture into these areas, and my research panel was reluctant for me to go along that path. I needed to keep reminding myself that 'To aim to be risk free is to be ineffectual'. I needed to be filled with *duende.* But as in so many situations the anxieties and fears I

confronted along the way rose not only from the external situations but also from my own internalised fears that I no longer had words to express. Fears around confrontation, fears around speaking out, challenging. How much I had also assimilated fears from those on my first learning agreement panel I shall never know, but it is very likely.

In many ways it was a wasted year while I waited for the board's decision, although I used some of the time to do a lot of reading and to analyse the BACP data and the UKCP census and in essence, write chapter two of this project. But what I couldn't do was proceed with my interviews. I visited the British Library to look through stacks of old BACP journals and many others for information on complaints and the various organisations. I was determined to go ahead while all the time not knowing where or how. I changed quite a lot that year. I became more ready to question and confront but these have been devils I have had to confront every inch of the way of this journey.

While working on the PEP I had begun to explore my approach to the analysis of the material. Should I use case studies? As a psychotherapist I was used to case study but I wanted a wider range of interviewees than that approach would have offered. What about grounded theory? Many of my ideas and much of my approach seem to fit into this pattern of research. Certainly it seemed important to start with the collection of the material, look for possible themes, concepts, categories, but I could not conceive of formulating any theory,- although I did come to a number of conclusions. What about IPA? This seemed interesting, certainly it carried elements of what I envisaged, but probably such in-depth work was not quite appropriate for this situation. I could conceive of taking something from each approach, of taking a holistic view – it seemed important to place individual experience within the wider field of complaints, ethics and psychotherapy training, yet surely I was also using an inductive approach. I started with specific observations – the main focus throughout was the individual's experience – and allowed the themes to develop. But wasn't my way of working a naturalistic inquiry? It was a voyage of discovery, I was not out to prove anything, rather to explore and generate a spirit of enquiry; to encourage people to begin questioning their approach to training, ethics and complaints. Hence I developed this patchwork of approaches.[146] To an extent these developed as I went along. I became this bricoleur. I began to talk to as many people as I could alongside my interviewees as I sought to build up a composite picture of the world of complaints.

I became very involved in the world of the UKCP Ethics and Professional Conduct Committee during the research, and while these were not part of the research; my experiences on these

[146] This is, to an extent, how I always work, I have a general idea of the finished picture but build up the details as I go along. Ideas growing out of each other.

committees influenced my thinking around this research project. My experience of the research also influenced my approach to the work on the committee. The two activities became inextricably linked, each are benefiting from the experience of the other.

As a result of my experiences during this research my view of each main organisation is therefore very different. In UKCP I am very much in the midst of it all, I see the difficulties, the mess and the pain. In BACP I am on the outside, I am not privy to the internal workings and see it mainly as an efficient working entity, producing many papers and much information but so difficult to get inside to talk to anyone[147]. It is through the eyes of my interviewees I saw the difficulties, short comings and the pain of their encounters with their organisation. The present BPC is a very changed world from that experienced by my interviewees and it seems more ethically minded than the one encountered those years ago. The Chair of the Ethics Committee was generous with his time in my interview as he gave me an insight into his thinking and the changes that have taken place, but I have met with no one who has been through their present complaints system as either complainant or therapist.

During the course of this research I retired from clinical work after 30 years working as a therapist. I had given up therapy training some ten years previously. I have focussed since retirement on this research and work on the various Ethics Committees. At times I have struggled to the point of despair as I tried to convey something of what it is like to be caught up in the world of therapy breakdown and complaints. I realised quite early on in the research that this project was not only about giving my interviewees a voice, I cannot really do that; much of it was about finding my own voice. I had to write! Towards the end of this research as I struggled with writing and rewriting, clarifying in my mind what I wanted to say, I just longed at times for it all to be over.

I have frequently wondered about my [supposed] difficulty with words. I was interested in Hanna Segal's [1977 p 395] comments.

'*Words make things finite and separate, words force you into acknowledging your own separateness'.*

It is my voice that needs to bring to notice how all three organisations have at times failed their own members and members of the public in not hearing their complaints; in not providing the means by which patient and therapist can come together to work through their difficulties; in not providing adequate opportunities for education and training and the open discussion of ethical

[147]One exception was my interview with Grainne Griffin- she was very helpful.

issues, and in often keeping issues hidden under a veil of secrecy disguised as confidentiality. There have been changes since several of my interviewees were involved in a complaint, BPC and UKCP have moved towards centrally heard complaints, hopefully leading to a more fair and open system but some of the more recent complaints reviewed shows there is much more to be done in terms of education, training and the provision of providing a humane and fair way of dealing with disruptions and abuse in therapy.

McLeod writes of phenomenological research as a journey, in which one leave familiar places and then returns to see these places in a new light. [McLeod 2007 p 37] A process he describes as risky!

I have pondered on this comment, from whence had I begun this journey, to where have I returned?

I opened my RPPL by quoting a question posed by a colleague on my first day at Metanoia. She in effect asked me to consider why it was that I had spent my whole life in the so called helping professions. Voluntary work in day nurseries and the local hospital from the age of 13/14, then nursing, teaching, pastoral head, psychotherapy, ethics committees.

What had driven me to take this path, when I could, for example, have easily been an accountant, or gone into administration of some kind, or even followed a career in the craft world? My other interests have always been mathematics and arts and crafts. Gabriel Weston [2013] writes of women conditioned from girlhood to see helping as a way of creating their own existence; as giving her something to do and be! A sobering thought as I reconsider McLeod's comment and my colleague's question. The beginning of this research thus goes back many decades.

I have completed this report, it is time to step back a pace before rushing in to something new – and to consider my colleague's question. Even if this means doing similar things but from a different perspective.

Glossary

ADR	Alternative Disputes Resolution
Art. 4.6	Article 4.6 of the BACP Memorandum and Articles of Association
Art. 12.6	Article 12.6 of the BACP Memorandum and Articles of Association
AVR	Accredited Voluntary Register
BAC	British Association for Counselling
BACP	British Association for Counselling and Psychotherapy
BPC	British Psychoanalytic Council
BAPPS	British Association for Psychoanalytic and Psychodynamic Supervision
CAB	Citizens Advice Bureau
CCP	Complaints and Concerns Process - UKCP
CFAP	Central Final Appeals Procedure - UKCP
CPD	Continuing Professional Development – BPC, UKCP
CHRE	Council for Health Care Regulatory Excellence
CPJA	Council for Psychoanalysis and Jungian Analysis
DESR	Diversity, Equality, Social Responsibility - UKCP
FiP	Forum of Independent Psychotherapists
FtP	Fitness to Practice
GMC	General Medical Council
HIPC	Humanistic and Integrative Psychotherapy Council
HPC	Health Professions Council
IC	Investigating Committee
ICO	Information Commissioner’s Office
IPA	Interpretive Phenomenological Analysis
IPN	Independent Practitioners Network
MCA	Member Complained About - BACP

MI	Member Institutions- BPC
OIA	Office of the Independent Adjudicator - Higher Education
OM	Organisational Member - UKCP
PCM	Professional Conduct Manager - BACP
PCO	Professional Conduct Officer - UKCP
PCP	Professional Conduct Procedure – BACP
PCC	Professional Conduct Committee - UKCP
RPPL	Review of Personal and Professional Learning
UKAHPP	UK Association of Humanistic Psychology Practitioners
UKCP	United Kingdom Council for Psychotherapy
UKHL	United Kingdom House of Lords

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Appendix 1 An appeal for interviewees

I am on the Metanoia DPsych programme and researching *Complaints, Ethics and Boundaries in Psychotherapy*

The Metanoia Doctoral programme is a joint programme with the Middlesex University Doctorate in Professional Studies. The philosophy of the programme is the belief that 'professional practice and research in psychotherapy are inseparable'.

I am researching the experiences of those who have either made a complaint or have had a complaint made against them.

If you have been in either of these situations would you be prepared to talk to me about your experience?.

While most psychotherapy therapy organisations now have a formal Code of Ethics and Complaints Procedure, I have found no research on the actual experiences of those who have become involved in the process, either in writing procedures, hearing complaints or in making a complaint or having one made against them. This lack of knowledge especially around the experience of those making or receiving complaints is an important gap in our understanding of what can be a very painful and traumatic process for both the complainant and therapist - and even for those hearing the complaint - and hence in the way these procedures are drawn up and complaints proceedings heard.

I would like to know what it was like for you and what *you* found to be the predominant issues at each stage of the process. This will be a piece of Qualitative Research based on case studies. Interviews will be informal.

Anonymity and confidentiality are assured. I will send you a transcript of the interview, my comments and an invitation to come back with further questions or comments.

In the first instance please contact me by email – subject 'research'.

annerogers32a@tiscali.co.uk

If you know of anyone else who might be able to help with this research I would be grateful if you could let me know about them, particularly non-therapist complainants.

Thanks

Appendix 2 Details of the research

Doctorate programme at Metanoia and Middlesex University

Complaints, Ethics and Boundaries

towards a best practice for psychotherapy and counselling organisations.

This research project is part of my Doctorate study at Metanoia on Complaints, Ethics and Boundaries – towards a best practice for psychotherapy and counselling organisations..

I am seeking to explore, through interviews, the experiences of people who have been involved in a Complaints Process as either a complainant or respondent.

As far as I have been able to ascertain there has been very little research done on the experience of people who have gone through the process of making a complaint or having a complaint made against them. I hope this research will go someway to fill that gap in our understanding and to have an influence in reformulating policy on how to help those involved in any therapy breakdown or complaints procedure. I hope it will also contribute to a reformulation of ethics teaching programmes.

In the initial interview you would have an opportunity to ask questions and express any concerns you might have about the research process. You would be asked to sign a consent form; this is a requirement of the University Ethics Committee. Your consent will then be sought at each stage of the process – you are able to resign from the research at any time if you so wished.

The interview will be only partially structured as I invite you to explore with me your experiences, to 'tell your story' although I enclose with this letter a list of a number of areas that I would like you to consider before we meet. This interview will last about an hour and a half. The interview will be recorded in order that I have an accurate account of our meeting. When this has been transcribed I will send you a copy and invite any further comments. At all stages I will endeavour to make this a joint enterprise. I would like to follow up this interview with a second one some time later in which we will be able to explore some of the issues raised.

Any communications and the contents of the interviews will be confidential although exerts of the interviews may be used in my final research project. All names and any identifying details will be changed. Anonymity and confidentiality will be assured. After the tapes have been studied they will be erased.

Thank you for your interest and anticipated participation. Please let me know if you are still willing to be interviewed. We will then make an appointment for me to either visit or to interview you via the telephone .

Appendix 3 Complainants - themes

Themes I would like to explore with you in the interview

How you came to the decision to make a complaint – was it one particular event or a series over time?

Did you seek help in coming to that decision? If so where did you go?

What outside help would you have liked?

What thoughts did you have about the idea of mediation – was it an option?

Did you tell the person concerned you were going to make a complaint?

How easy was it finding out who to complain to?

What difficulties – if any- did you have in putting the complaint together?

Were you expected to tie it in with a particular Code of Ethics?

What reception did you get when you first contacted the organisation?

-and through out,?

Did you have any help or support at any stage?

How did you feel about your therapist's reply to your complaint?

The actual tribunal/hearing what was that like? Did you take anyone with you?

What was the attitude of those hearing the complaint?

Your after- thoughts about it all?

Experience of any subsequent therapy - helpful?

How far did you achieve what you had hoped for?

What would you have liked to be different?

I accept all of these issues may not get addressed, some issues will feel more important to you than others. There will be other issues important to you that I haven't noted.

Appendix 4 Respondents' themes

Themes I would like to explore with you in the interview

How did you first hear that there was a complaint being made against you? – From the client, by post etc.?

Was there any opportunity to talk about it with the client?

What were the thoughts and feeling when first receiving the complaint?

What did you do on receiving the complaint?

Was mediation an option – did you or client ask for it – result?

How did you go about writing your defence?

Did you have any help in doing this?

What was your experience of the hearing?

How did you hear the result? Was there any follow up?

Were any sanctions against you?

Was there any question of an appeal?

Their experience of the interview – what else they would like to say

What did you hope to get out of having taken part in my research? What did you hope the research might achieve?

Appendix 5 Contract

Metanoia and Middlesex University Doctoral Research Project

Complaints, Ethics and Boundaries.

towards a best practice for psychotherapy and counselling organisations.

CONTRACT

The details of the research project have been explained and I know that I will have an opportunity to ask questions at any stage of the research.

I know that there will be an initial interview, where I will be invited to speak of my experiences of having made a complaint – or received a complaint- and that there will be a follow up interview [or interviews].

I know that these interviews will be recorded and that I will see a transcript of the interview and any write up.

That I will be invited to comment on – *or withdraw comments from* - the interview.

That at the end of the research project all recordings will be erased.

That anonymity will be preserved; no names of anyone involved will be used at any time.

That all material will be confidential, any names and identifying details will be changed or omitted, although extracts from the interviews may be used in the final research report and any articles written.

I know I have the right to withdraw from the research at any time.

I agree to participate in this research.

Signed Date

Name

Please note that in order to ensure quality assurance and equity this form may be chosen for audit by a member of the University team. Confidentiality is assured.

Appendix 6 Participants final agreement

First thank you for talking to me about your experience of having received a complaint. Without your contribution this research would not have been possible.

I have listened to the recordings and read through all the transcripts many times and eventually decided to group all the contributions under seven main headings.

1. The initial impact of hearing about the complaint

2. Support received.

3. The therapist's response to the complaint

4. Experience of the Hearing Tribunal

5, Mediation – Alternative Dispute Resolution – ADR – requested or received

6. The experience a third party complaints

7. The aftermath of the complaint.

I said at the time of our meeting that I would let you see any of your material I proposed to use in my final paper. I have now attached this.

Would you look through it and let me know if you are in agreement with my selection from your contribution..

Do these extracts reflect your experience? If not please indicate any change you would like made.

Do they satisfy your need for confidentiality? If not please indicate any relevant passage –and possibly indicate any changes you would like made.

Is there any thing in the transcript that I have omitted that you would especially like to see there? Or anything you thought of later that your would like to have said?

Finally would you be in agreement to other interviewees seeing your contribution?
Would you like to see other people's contributions?

Please email me your agreement with any possible changes you would like made

I would be happy to talk with you if you so wished.

Thank you

Appendix 7 Reminder

Metanoia and Middlesex University research on complaints.

Dear

At the beginning of July I sent you a draft of quotations selected from our interview that I would like to use in my final doctorate - as I promised I would do at our initial meeting.

I am really sorry not to have heard from you in reply. Maybe my email got lost in the sea of emails that seem to arrive each day?

It was very good of you to agree to give of your time and to talk with me about your experience of the complaint. I would like to think that you are in agreement with my selection – and if not to ask for changes, either exclusions or inclusions.

Many of my interviewees have expressed an interest in reading the section on other people's experiences of being involved in a complaint as either complainant or respondent. .

Would you be willing for others to see your contribution; would you like to read about other people's experiences?

I said in my original letter that I would assume a non reply was an agreement – but I would much rather hear from you, a definite inclusion.

In case my original email has got lost somewhere I am attaching my original letter and my selected quotes from my interview with you.

Again thanks for your interest and I hope to hear from you.

Beat wishes

Appendix 8 Appeal to Chairs of Ethics Committees

Doctorate programme at Metanoia and Middlesex University

Complaints: Ethics and Boundaries

towards a best practice for psychotherapy and counselling organisations.

Dear

Thank you for agreeing to take part in this research project.

Through interviews I am seeking to explore the experiences and concerns of people who have helped write Complaints procedures; served on Ethics Committees or have had experience of mediating or hearing complaints. I intend to explore themes and issues, not individual cases – they remain confidential.

In order to put your experience in context I will be asking you about the structures within which you work.

I will also be looking at Codes of Ethics and complaints procedures of a number of different organisations, along with analyses of the incidence and reasons for complaints.

As a separate part of the research I will be interviewing people who have been involved in a Complaints Process as either the complainant or respondent

As far as I have been able to ascertain there has been very little research done in this area or on the experience of people who have gone through the process of making or receiving a complaint. I hope this research will go someway to fill that gap in our understanding; to have an influence on future policies; to find ways to help those involved in therapy breakdown or complaints procedure and to be of use in training and debate.

Please feel free to ask any questions or raise any concerns.

Any communications and the contents of the interviews could be completely confidential, this will be discussed at the beginning of the interview and your informed consent sought at different stages of the research.

I would like to record the interview, I will send you a transcript of this and copies of anything I write. Your comment is invited at all stages. After the tapes have been studied they will be erased.

Thank you for your interest and anticipated participation.

Appendix 9 Contract for Chairs of Ethics

Metanoia and Middlesex University Doctoral Research Project

Complaint, Ethics and Boundaries.

towards a best practice for psychotherapy and counselling organisations.

CONTRACT

Name Interview date

The aims and details of the research project have been explained and I know I am free to ask questions at any stage of the research

I know that these interviews will be recorded and that I will see a transcript of the interview and any write up.

That I will be invited to comment on – *or withdraw comments from* - the interview.

That at the end of the research project all recordings will be erased.

That anonymity can be preserved if I wish it for part or all of any write up of the interview.

Extracts from the interviews may be used in the final research report and any articles written.

I know I have the right to withdraw from the research at any time.

I agree to participate in this research.

Signed Date

Please note that in order to ensure quality assurance and equity this form may be chosen for audit by a member of the University team.

Appendix 10 Bringing a complaint

BACP 2007

A complaint can be brought by either:

1. a member of the public who has sought or received a service provided by a member of the Association; *or*
2. a current member of the Association who may bring complaints for services sought or received directly from another member; or who has witnessed poor practice delivered by another member; or on behalf of another where their written permission has been obtained and where that person is unable to bring the complaint on their own behalf (explanation is required in writing as to the nature of the inability); *or*
3. a legal guardian or other appropriately authorised adult on behalf of a minor and/or an adult lacking legal capacity for services sought or received; *or*
4. a third party who can demonstrate sufficient interest and who has been directly affected by the actions of the practitioner, subject to the protocol on third party complaints.

UKCP 2012

Anyone can raise a concern or make a complaint against a registrant if:

The registrant was a registrant at the time of the conduct that is the basis of the concern or complaint, and the registrant is still a registrant at the time of the concern or complaint being lodged with UKCP. If the registrant was not a registrant at the time of the conduct, the concern or complaint may still be considered at the discretion of the PCO, if it is perceived to be reasonable and in the public interest;

The therapy or practice which is the basis of the concern or complaint was located in the UK or, if not, the registrant's insurance provision is from the UK.

Committees and panels that are created to consider concerns or complaints must not decide to proceed with a complaint or concern unless they are satisfied that either;

A full and genuine attempt has been made to resolve the matter informally and that it has not been possible to agree a practical solution which would satisfy the parties;
or such an attempt would be inappropriate.
Explanatory note: For example, an informal process would be inappropriate if the allegation indicated that there was a public safety issue.

Appendix 11 Time Scales

BACP has set timescales for making a complaint in the interest of fairness to the parties.

Clause 1.5 of the Professional Conduct Procedure 2009 refers to the issue of the timescales within which complaints must be lodged.

Complaints can be lodged either:

a) within three years of the ending of the professional relationship; or

b) within three years of the date when the Complainant reasonably became aware of the alleged professional misconduct. The Complainant must provide a written explanation as to when/how they became aware and this will be considered by the Pre-Hearing Assessment Panel which will decide if the explanation given is good and/or sufficient; or

c) within a reasonable time of the alleged professional misconduct.

Where a complaint is lodged under 1.5c, the Pre Hearing Assessment Panel has to consider what 'within a reasonable time' is, in the circumstances of the particular case. The complainant must detail when the alleged professional misconduct took place and give reasons as to why a complaint has not been made earlier. This explanation should be in writing and included as part of the complaint submission together with any documentation that is relevant. (An example of where it may be relevant is where the substance matter of a complaint has been subject to the jurisdiction of the court for over three years and it was not possible to submit the complaint without interfering in the court process.)

Where a complaint is submitted under 1.5a, the complaint must be submitted within three years of the ending of the professional relationship. Where the dates of the ending of the professional relationship are close to the deadline, details of the specific dates of the ending of the professional relationship should be included in the complaint.

Where a complaint is submitted under 1.5b, the complainant must provide a written explanation and demonstrative evidence as to precisely when they first became aware of the alleged professional misconduct by the practitioner and under what circumstances. This should include any details and reasons as to why the complainant was not previously aware of the practitioner's alleged professional misconduct.

Any written explanation will be considered by the Pre-Hearing Assessment Panel as to whether it is good and/or sufficient. What constitutes 'good and/or sufficient' shall be solely at the discretion of the Chair of the Pre-Hearing Assessment Panel who may take advice from the Head of Professional Conduct, from the Association's solicitor or such other relevant person as may be deemed appropriate.

All written explanations will form part of the complaint submission and will be available to the member complained against

House of Lords decision

A v Hoare and related appeals: House of Lords reverse decision in Stubbings v Webb

The long-awaited opinions of the House of Lords have been delivered in the appeal of *A v Hoare* and other related appeals including *Young v Catholic Care* in which Edward Faulks QC acted for Catholic Care. All of the appeals, save *Young*, depended upon whether or not the Lords were prepared to reverse their own decision in *Stubbings v*

Webb. They decided that they were which now means that claimants can bring cases for compensation as a result of sexual and physical abuse many years after the events provided that a court considers that a fair trial is still possible.

The *Young* decision concerned the date of knowledge provisions. The House of Lords concluded that a construction of the legislation which had been reached by the Court of Appeal in *Bryn Alyn* that allowed a generous interpretation was wrong. So that Mr Young was held to have had knowledge of the abuse at the time that it occurred. However, a knock-on effect of the decision in the other cases is that it will now be possible for Mr Young to rely upon the discretion given to the court under section 33 of the Limitation Act 1980 in order to persuade the court to disapply the provisions of the Limitation Act. The question for the judge now will be whether it is possible to have a fair trial of the question as to whether the abuse took place rather than whether or not there was systemic negligence. The latter question is more difficult to try many years after the event. The former should be easier to try particularly if there has been a relevant conviction. However, there is still a considerable degree of uncertainty as to how the courts will treat cases brought many years after the event where there is no relevant conviction and where defendants have real difficulties in mounting a defence because of the passage of time. There will be much reference by the judges to what Lord Brown said at paragraph 86 of his speech, a passage which was specifically endorsed by all the other judges with the exception of Baroness Hale.

The decision of the House of Lords has removed one apparent anomaly which resulted from the *Stubbings v Webb* decision but has by no means provided an answer to all historic cases of sexual abuse. Edward Faulks QC was counsel for Catholic Care in the *Young* case, for the defendants in the *Bryn Alyn* case and for the defendants in the *Adams* case in the House of Lords which was referred to by Lord Hoffmann in his leading speech in this current case.

Appendix 12 BACP Art 4.6

Article 4.6 of the Memorandum & Articles of Association

ARTICLE 4.6: The Board of Governors shall have the right for good and/or sufficient reason to withdraw the membership of any member **PROVIDED THAT** the member concerned shall have a right to be heard before a final decision is made.

This document explains the circumstances in which Article 4.6 may be used, and the procedure that is followed.

Aim

Article 4.6 exists to protect members of the public seeking or using a service provided by an individual or organisational member of the Association and to protect the reputations of counselling/psychotherapy/BACP and the proper functioning of BACP.

Use

The Article 4.6 Procedure can be used at the discretion of the Board of Governors under powers divested in the Head of Professional Conduct, upon receipt of information about a member which raises questions about that member's suitability for continued membership.

Such information might suggest that the member's behaviour:

i. has brought or could bring the reputation of BACP into disrepute;

ii. has brought or could bring the reputations of counselling and/or psychotherapy into disrepute;

iii. results in BACP's private business being brought into the public domain;

iv. impedes the legitimate activities of the Association;

v. gives good reason to believe the member may be misrepresenting his/her/the organisation's membership status;

vi. gives good reason to believe there has been a serious breach of BACP's Codes of Ethics & Practice/Ethical Framework and where the Association's Professional Conduct Procedure cannot be used and/or its use is not appropriate in the circumstances.

Bringing the Profession into Disrepute

Bringing the profession into disrepute signifies that the practitioner has acted in such an infamous and/or disgraceful way that the public's trust in the profession might reasonably be undermined if they were accurately informed about all the circumstances of the case.

Bringing the profession into disrepute must amount to 'disgraceful conduct in a professional respect'. This involves consideration of three elements:

- i. conduct that is regarded as 'disgraceful' need not amount to moral turpitude (depravity) or be restricted to acts of serious immorality;

- ii. the conduct should have had some connection with a professional role in order to be considered as falling 'in a professional respect'. It ought not to be concerned with matters that can reasonably be

viewed as solely personal and private, unless if accurately informed of all the facts of the case, the public's trust in the profession(al) would be adversely affected;

- iii. conduct in a ‘professional respect' is not confined to the pursuit of the profession in question.

What is not considered to be disgraceful to an ordinary person may be considered to be disgraceful to a professional person.

The following are some examples of good and/or sufficient reasons for implementing Article 4.6:

- Members who are accused of, or who have committed, acts that are deemed incompatible with the values of counselling and psychotherapy including, but not limited to, any criminal, civil or disciplinary matters.

- Serious allegations of misconduct/malpractice.
- The death of the complainant and where the substantive evidence suggests that it would be appropriate for the case to be considered under Article 4.6 where it could not be considered under the Professional Conduct Procedure.
- Members who have impaired physical, mental or emotional functioning of an extent that a client or others may be adversely affected.

The Article 4.6 Panel

Information considered under this procedure will be sent to a panel, known as the Article 4.6 Panel. The Panel is made up of three people and will usually consist of two members of the Association and one lay person. This Panel makes its decision based upon the written evidence only and can either:

1. seek further information from the member and/or the Complainant/Informant and/or a third party;

2. consider the evidence in its entirety and decide whether it is just and reasonable to implement Article 4.6 which will result in membership of BACP being withdrawn in 28 days pending an appeal;

3. reject the information and close the case.

This Panel decides whether or not Article 4.6 should be invoked. The parties are then notified of this decision in writing within 14 days of the decision being received.

Procedure

1. Information is received by BACP concerning an individual or organisational member which suggests the matter should be considered under Article 4.6 of the Memorandum & Articles of Association.

2. The individual or organisational member must be named and must be a current member of the Association.
1. The information submitted must include supporting evidence of the allegations wherever possible.

2. The information, as far as possible, should not be anonymous. BACP does not encourage the submission of anonymous information. Any such submissions will be considered in accordance with the relevant protocol and in the interests of public protection.
1. The member will be forwarded a copy of the information and given 28 days to make a formal written response, together with a copy of the procedure to be followed. Any written response must be submitted to the Head of Professional Conduct. The response will also be made available to the other party.

2. The information together with any formal response will be forwarded to an Article 4.6 panel. The panel will exercise its powers as outlined above. If any further information is requested by the panel from any source, this too will be circulated to the member and complainant/informant, who will be given an opportunity to respond to it by a given deadline.

3. Any further responses will be considered by the panel before a decision is made.
1. The parties will be notified of the Article 4.6 panel's decision in writing within 14 days of the decision being received.
1. If the panel decides not to implement Article 4.6, the case will be closed and the parties notified of this decision, which will be final.

1. If the panel decides to implement Article 4.6, the parties will be given the reasons why Article 4.6 has been implemented and notified that membership will be withdrawn in 28 days from the date of notification of the panel's decision, subject to the member's right to appeal.

2. The member may exercise his/her/the organisation's right to be heard by lodging an appeal **in writing** within 28 days of the date of notification of the decision. The appeal must be submitted to the Head of Professional Conduct. An appeal can only be made against the decision of the Article 4.6 panel's decision to implement Article 4.6 in that it was unjust and unreasonable in all the circumstances.

1. On receipt of an intention to appeal, the Head of Professional Conduct will arrange an appeal panel, which will include independent lay representation. All panel members will have had no previous involvement in the matter, be unknown to the appellant or any other person involved in the case to the extent that there may be a conflict of interest. An appeal date will be set at the earliest opportunity and the relevant parties notified.

1. The parties will be given a deadline for submission of any further supporting evidence. This date will be fixed no later than 28 days prior to the date set for the hearing.

1. The parties are entitled to be accompanied by someone to support and/or represent them. If the appellant is an organisational member, a representative must be nominated by the organisation, who will be entitled to be accompanied at the hearing.

1. Any further written submissions from the parties must be received by the Head of Professional Conduct not less than 28 days prior to the date set for the appeal hearing. A folio of papers will be circulated to the appeal panel and the parties not less than 14 days prior to the date set for the appeal hearing. The chair of the appeal panel may take advice on these papers and procedural matters from the Head of Professional Conduct, who may in turn seek advice from a relevant person as may be deemed appropriate.

1. Any new information arising within the final 14 days will be made available to the parties and the appeal panel and must be in the form of short oral or written submissions. However, this will only be accepted in accordance with the Protocol on New Evidence and the final decision on acceptance will be made by the appeal panel and notified to the parties at the hearing.

1. The chair of the appeal panel and the parties may call witnesses to attend the appeal hearing. If either of the parties wish to call any witness(es), they must notify the Head of Professional Conduct of the names and details of such witnesses not less than 28 days prior to the date fixed for the appeal hearing. Attendance will only be permitted by the chair of the appeal panel if a witness has supplied a written statement which requires further examination/clarification. The appeal panel has discretion to refuse attendance by a witness if it reasonably believes that such attendance is not relevant or will not add any weight to the issue(s) being considered. Witnesses may be questioned by the appeal panel and either party or their representative.

1. The refusal or failure of the appellant to attend the appeal hearing without good and/or sufficient reason and without good and/or sufficient notice in the circumstances will be notified to the chair of the appeal panel. What constitutes good and/or sufficient reason and/or notice shall be solely at the discretion of the chair of the appeal panel, who may take advice on the matter from the Head of Professional Conduct. The appeal panel will decide what course of action to take in these circumstances, i.e. either continue in the absence of the appellant, defer the hearing to another date, or terminate the proceedings.

2. The refusal or failure of the complainant/informant to attend the appeal hearing, if called, without good and/or sufficient reason and without good and/or sufficient notice in the circumstances will be notified to the chair of the appeal panel. What constitutes good and/or sufficient reason and/or notice shall be solely at the discretion of the chair of the appeal panel, who may take advice on the matter from the Head of Professional Conduct. The appeal panel will decide what course of action to take in these circumstances, i.e. either continue in the absence of the complainant, defer the hearing to another date, or terminate the proceedings.

3. A member's resignation from membership or a failure to renew membership by a member complained against during the course of a matter being dealt with under Article 4.6, will not normally terminate the procedure nor invalidate the hearing of a matter by the Association. For the purposes of dealing with this matter under this procedure, the individual or organisational member will continue to be regarded as a member of the Association.

4.

GUIDELINES FOR AN APPEAL HEARING
Aim

The aim of the Appeal Panel is to decide whether the decision of the Article 4.6 Panel to implement Article 4.6 was just and reasonable in all the circumstances and to then decide whether the appeal should be allowed or denied. The Appeal Panel's decision will be final.

Attendance by complainants/informants at Appeal Hearings

Information can be received by BACP, under Article 4.6, from varied sources, i.e. clients, third parties, other sources, i.e. employers, courts etc. The source of the information can therefore have a bearing on whether or not the ‘complainant/informant' will be in attendance at an appeal hearing. Although in most cases attendance will be requested, BACP does not have the power to subpoena such persons to attend.

The following will therefore normally be observed:

1. If the client is the complainant, they will be called to the hearing and will be present throughout the whole proceedings and in receipt of a bundle of evidence.

2. If the information has been supplied by a third party, dependent upon the proximity of the relationship with the member, the third party may be called to the hearing as a witness in respect of their written submission.

3. If the Association is in receipt of information from other sources, i.e. evidence of criminal, civil and/or disciplinary matters, witnesses may be called if they are identifiable and available, and if the panel considers it necessary in the particular circumstances.

The above is for illustrative purposes only and each case will be considered on its own particular merits.

The following procedure is based on the premise that the client is the complainant and must be read in accordance with the above. Attendance by a complainant/informant will be notified in writing to the member as soon as such confirmation of attendance is received by BACP.

Support/Representation

Each party is entitled to bring a 'friend' to the Hearing who may support and/or represent them.

Witnesses

Any witness called to attend this Hearing can be questioned by the Appeal Panel and any of the parties and/or their representatives. Questions must relate to the issues under consideration, more specifically to any written statement supplied by the witness.

Recesses

A request for a recess may be made at any time, by any party and this will be granted at the discretion of the Chair.

The Appeal Panel

The Appeal Panel is independently constituted and is normally made up of three people: usually two members of the Association and an independent lay person.

The task of the Appeal Panel is to decide whether the decision of the Article 4.6 Panel to implement Article 4.6 was just and reasonable in all the circumstances and to then decide whether the appeal should be allowed or denied. The Appeal Panel's decision will be final.

Format of Appeal Hearing

On the day of the Appeal Hearing the following protocols will normally be observed and may vary in accordance with the attendance of certain parties at the Hearing. This format is therefore set out for illustrative purposes only.

1. The Clerk opens the Hearing and details the reasons why Article 4.6 was implemented by the Association.
1. The Appellant has the opportunity to verbally present his/her/the organisation's case as to why the implementation of Article 4.6 was unjust and unreasonable in all the circumstances.

2. The Complainant/Informant has an opportunity to verbally present their case as to why the implementation of Article 4.6 was just and reasonable in all the circumstances.

3. The Appellant may question the Complainant/Informant. All questions must be put through the Chair.

4. The Complainant/Informant may question the Appellant. All questions must be put through the Chair.

5. The Appeal Panel and the parties may question any witnesses called in relation to their written submission. These questions are put directly by the parties to the witness.
1. The Appeal Panel will question the Appellant.

2. The Appeal Panel will question the Complainant/Informant.

3. The Appellant has an opportunity to make a closing statement.

4. The Complainant/Informant has an opportunity to make a closing statement.
1. When the Chair is satisfied that the Appeal Panel has gained all the clarification required, the parties withdraw.

2. The Appeal Panel deliberates on the written and oral submissions made and decides whether the Appeal should be allowed or denied.

3. The Chair of the Appeal Panel formally notifies the Head of Professional Conduct in writing of the decision of the Panel.

4. If the Appeal is allowed, the Head of Professional Conduct will formally notify the Appellant and Complainant/Informant in writing of the Panel's decision and the case is closed.

5. If the Appeal is denied and membership of BACP is to be withdrawn, the Head of Professional Conduct will formally notify the Chair of BACP of the Panel's decision.

6. The Chair of BACP will then formally notify the Appellant and Complainant/Informant in writing of the Appeal Panel's decision within 14 days of the Appeal Hearing. This decision is final.

Publication

Where the Appeal is denied, the decision to withdraw membership of BACP will be published on the Association's website and in its journal. The Association reserves the right to publish this information elsewhere in the interests of public protection.

Confidentiality

This procedure is confidential. All parties in receipt of information in connection with this Hearing must ensure that all papers are kept securely and destroyed at the finalisation of the proceedings.

Expenses

BACP accepts no liability for travel or any other expenses incurred by an Appellant or a Complainant/Informant in connection with any stage of this Procedure.

Amended July 2009

Appendix 13 BACP Art 12.6

Article 12.6 (previously Article 4.6) of the Memorandum & Articles of Association

ARTICLE 12.6: The Board of Governors shall have the right for good and/or sufficient reason to withdraw the membership of any member **PROVIDED THAT** the member concerned shall have a right to be heard before a final decision is made.

This document explains the circumstances in which Article 12.6 may be used, and the procedure that is followed.

Aim

Article 12.6 exists to protect members of the public seeking or using a service provided by an individual or organisational member of the Association and to protect the reputations of counselling/psychotherapy/BACP and the proper functioning of BACP.

Use

The Article 12.6 Procedure can be used at the discretion of the Board of Governors under powers divested in the Head of Professional Conduct, upon receipt of information about a member which raises questions about that member's suitability for continued membership.

Such information might suggest that the member's behaviour:

i. has brought or could bring the reputation of BACP into disrepute;

ii. has brought or could bring the reputations of counselling and/or psychotherapy into disrepute;

iii. results in BACP's private business being brought into the public domain;

iv. impedes the legitimate activities of the Association;

v. gives good reason to believe the member may be misrepresenting his/her/the organisation's membership status;

vi. gives good reason to believe there has been a serious breach of BACP's Codes of Ethics & Practice/Ethical Framework and where the Association's Professional Conduct Procedure cannot be used and/or its use is not appropriate in the circumstances.

Bringing the Profession into Disrepute

Bringing the profession into disrepute signifies that the practitioner has acted in such an infamous and/or disgraceful way that the public's trust in the profession might reasonably be undermined if they were accurately informed about all the circumstances of the case.

Bringing the profession into disrepute must amount to 'disgraceful conduct in a professional respect'. This involves consideration of three elements:

i. conduct that is regarded as 'disgraceful' need not amount to moral turpitude (depravity) or be restricted to acts of serious immorality;

ii. the conduct should have had some connection with a professional role in order to be considered as falling 'in a professional respect'. It ought not to be concerned with matters that can reasonably be viewed as solely personal and private, unless if accurately informed of all the facts of the case, the public's trust in the profession(al) would be adversely affected;

iii. conduct in a 'professional respect' is not confined to the pursuit of the profession in question.

What is not considered to be disgraceful to an ordinary person may be considered to be disgraceful to a professional person.

The following are some examples of good and/or sufficient reasons for implementing Article 12.6:

- Members who are accused of, or who have committed, acts that are deemed incompatible with the values of counselling and psychotherapy including, but not limited to, any criminal, civil or disciplinary matters.

- Serious allegations of misconduct/malpractice.

- The death of the complainant and where the substantive evidence suggests that it would be appropriate for the case to be considered under Article 12.6 where it could not be considered under the Professional Conduct Procedure.

- Members who have impaired physical, mental or emotional functioning of an extent that a client or others may be adversely affected.

The Article 12.6 Panel

Information considered under this procedure will be sent to a panel, known as the Article 12.6 Panel. The Panel is made up of three people and will usually consist of two members of the Association and one lay person. This Panel makes its decision based upon the written evidence only and can either:

i. seek further information from the member and/or the Complainant/Informant and/or a third party;

ii. consider the evidence in its entirety and decide whether it is just and reasonable to implement Article 12.6 which will result in membership of BACP being withdrawn in 28 days pending an appeal;

iii. reject the information and close the case.

This Panel decides whether or not Article 12.6 should be invoked. The parties are then notified of this decision in writing within 14 days of the decision being received.

Procedure

1. Information is received by BACP concerning an individual or organisational member which suggests the matter should be considered under Article 12.6 of the Memorandum & Articles of Association.

2. The individual or organisational member must be named and must be a current member of the Association.

3. The information submitted must include supporting evidence of the allegations wherever possible.

4. The information, as far as possible, should not be anonymous. BACP does not encourage the submission of anonymous information. Any such submissions will be considered in accordance with the relevant protocol and in the interests of public protection.

5. The member will be forwarded a copy of the information and given 28 days to make a formal written response, together with a copy of the procedure to be followed. Any written response must be submitted to the Head of Professional

Conduct. The response will also be made available to the other party.

6. The information together with any formal response will be forwarded to an Article 12.6 panel. The panel will exercise its powers as outlined above. If any further information is requested by the panel from any source, this too will be circulated to the member and complainant/informant, who will be given an opportunity to respond to it by a given deadline.

7. Any further responses will be considered by the panel before a decision is made.

8. The parties will be notified of the Article 12.6 panel's decision in writing within 14 days of the decision being received.

9. If the panel decides not to implement Article 12.6, the case will be closed and the parties notified of this decision, which will be final.

10. If the panel decides to implement Article 12.6, the parties will be given the reasons why Article 12.6 has been implemented and notified that membership will be withdrawn in 28 days from the date of notification of the panel's decision, subject to the member's right to appeal.

11. The member may exercise his/her/the organisation's right to be heard by lodging an appeal **in writing** within 28 days of the date of notification of the decision. The appeal must be submitted to the Head of Professional Conduct. An appeal can only be made against the decision of the Article 12.6 panel's decision to implement Article 12.6 in that it was unjust and unreasonable in all the circumstances.

12. On receipt of an intention to appeal, the Head of Professional Conduct will arrange an appeal panel, which will include independent lay representation. All panel members will have had no previous involvement in the matter, be unknown to the appellant or any other person involved in the case to the extent that there may be a conflict of interest. An appeal date will be set at the earliest opportunity and the relevant parties notified.

13. The parties will be given a deadline for submission of any further supporting evidence. This date will be fixed no later than 28 days prior to the date set for the hearing.

14. The parties are entitled to be accompanied by someone to support and/or represent them. If the appellant is an organisational member, a representative must be nominated by the organisation, who will be entitled to be accompanied at the hearing.

15. Any further written submissions from the parties must be received by the Head of Professional Conduct not less than 28 days prior to the date set for the appeal hearing. A folio of papers will be circulated to the appeal panel and the parties not less than 14 days prior to the date set for the appeal hearing. The chair of the appeal panel may take advice on these papers and procedural matters from the Head of Professional Conduct, who may in turn seek advice from a relevant person as may be deemed appropriate.

16. Any new information arising within the final 14 days will be made available to the parties and the appeal panel and must be in the form of short oral or written submissions. However, this will only be accepted in accordance with the Protocol on New Evidence and the final decision on acceptance will be made by the appeal panel and notified to the parties at the hearing.

17. The chair of the appeal panel and the parties may call witnesses to attend the appeal hearing. If either of the parties wish to call any witness(es), they must notify the Head of Professional Conduct of the names and details of such witnesses not less than 28 days prior to the date fixed for the appeal hearing. Attendance will only be permitted by the chair of the appeal panel if a witness has supplied a written statement which requires further examination/clarification. The appeal panel has discretion to refuse attendance by a witness if it reasonably believes that such attendance is not relevant or will not add any weight to the issue(s) being considered. Witnesses may be questioned by the appeal panel and either party or their representative.

18. The refusal or failure of the appellant to attend the appeal hearing without good and/or sufficient reason and without good and/or sufficient notice in the circumstances will be notified to the chair of the appeal panel. What constitutes good and/or sufficient reason and/or notice shall be solely at the discretion of the chair of the appeal panel, who may take advice on the matter from the Head of Professional Conduct. The appeal panel will decide what course of action to take in these circumstances, i.e. either continue in the absence of the appellant, defer the hearing to another date, or terminate the proceedings.

19. The refusal or failure of the complainant/informant to attend the appeal hearing, if called, without good and/or sufficient reason and without good and/or sufficient notice in the circumstances will be notified to the chair of the appeal panel. What constitutes good and/or sufficient reason and/or notice shall be solely at the discretion of the chair of the appeal panel, who may take advice on the matter from the Head of Professional Conduct. The appeal panel will decide what course of action to take in these circumstances, i.e. either continue in the absence of the complainant, defer the hearing to another date, or terminate the proceedings.

20. A member's resignation from membership or a failure to renew membership by a member complained against during the course of a matter being dealt with under Article 12.6, will not normally terminate the procedure nor invalidate the hearing of a matter by the Association. For the purposes of dealing with this matter under this procedure, the individual or organisational member will continue to be regarded as a member of the Association.

GUIDELINES FOR AN APPEAL HEARING

Aim

The aim of the Appeal Panel is to decide whether the decision of the Article 12.6 Panel to implement Article 12.6 was just and reasonable in all the circumstances and to then decide whether the appeal should be allowed or denied. The Appeal Panel's decision will be final.

Attendance by complainants/informants at Appeal Hearings

Information can be received by BACP, under Article 12.6, from varied sources, i.e. clients, third parties, other sources, i.e. employers, courts etc. The source of the information can therefore have a bearing on whether or not the 'complainant/informant' will be in attendance at an appeal hearing. Although in most cases attendance will be requested, BACP does not have the power to subpoena such persons to attend.

The following will therefore normally be observed:

1. If the client is the complainant, they will be called to the hearing and will be present throughout the whole proceedings and in receipt of a bundle of evidence.

2. If the information has been supplied by a third party, dependent upon the proximity of the relationship with the member, the third party may be called to the hearing as a witness in respect of their written submission.

3. If the Association is in receipt of information from other sources, i.e. evidence of criminal, civil and/or disciplinary matters, witnesses may be called if they are identifiable and available, and if the panel considers it necessary in the particular circumstances.

The above is for illustrative purposes only and each case will be considered on its own particular merits.

The following procedure is based on the premise that the client is the complainant and must be read in accordance with the above. Attendance by a complainant/informant will be notified in writing to the member as soon as such confirmation of attendance is received by BACP.

Support/Representation

Each party is entitled to bring a 'friend' to the Hearing who may support and/or represent them.

Witnesses

Any witness called to attend this Hearing can be questioned by the Appeal Panel and any of the parties and/or their representatives. Questions must relate to the issues under consideration, more specifically to any written statement supplied by the witness.

Recesses

A request for a recess may be made at any time, by any party and this will be granted at the discretion of the Chair.

The Appeal Panel

The Appeal Panel is independently constituted and is normally made up of three people: usually two members of the Association and an independent lay person.

The task of the Appeal Panel is to decide whether the decision of the Article 12.6 Panel to implement Article 12.6 was just and reasonable in all the circumstances and to then decide whether the appeal should be allowed or denied. The Appeal Panel's decision will be final.

Format of Appeal Hearing

On the day of the Appeal Hearing the following protocols will normally be observed and may vary in accordance with the attendance of certain parties at the Hearing. This format is therefore set out for illustrative purposes only.

i. The Clerk opens the Hearing and details the reasons why Article 12.6 was implemented by the Association.

ii. The Appellant has the opportunity to verbally present his/her/the organisation's case as to why the implementation of Article 12.6 was unjust and unreasonable in all the circumstances.

iii. The Complainant/Informant has an opportunity to verbally present their case as to why the implementation of Article 12.6 was just and reasonable in all the circumstances.

iv. The Appellant may question the Complainant/Informant. All questions must be put through the Chair.

v. The Complainant/Informant may question the Appellant. All questions must be put through the Chair.

vi. The Appeal Panel and the parties may question any witnesses called in relation to their written submission. These questions are put directly by the parties to the witness.

vii. The Appeal Panel will question the Appellant.

viii. The Appeal Panel will question the Complainant/Informant.

ix. The Appellant has an opportunity to make a closing statement.

x. The Complainant/Informant has an opportunity to make a closing statement.

xi. When the Chair is satisfied that the Appeal Panel has gained all the clarification required, the parties withdraw.

xii. The Appeal Panel deliberates on the written and oral submissions made and decides whether the Appeal should be allowed or denied.

xiii. The Chair of the Appeal Panel formally notifies the Head of Professional Conduct in writing of the decision of the Panel.

xiv. If the Appeal is allowed, the Head of Professional Conduct will formally notify the Appellant and Complainant/Informant in writing of the Panel's decision and the case is closed.

xv. If the Appeal is denied and membership of BACP is to be withdrawn, the Head of Professional Conduct will formally notify the Chair of BACP of the Panel's decision.

xvi. The Chair of BACP will then formally notify the Appellant and Complainant/Informant in writing of the Appeal Panel's decision within 14 days of the Appeal Hearing. This decision is final.

Publication

Where the Appeal is denied, the decision to withdraw membership of BACP will be published on the Association's website and in its journal. The Association reserves the right to publish this information elsewhere in the interests of public protection.

Confidentiality

This procedure is confidential. All parties in receipt of information in connection with this Hearing must ensure that all papers are kept securely and destroyed at the finalisation of the proceedings.

Expenses

BACP accepts no liability for travel or any other expenses incurred by an Appellant or a Complainant/Informant in connection with any stage of this Procedure.

Amended November 2010

Appendix 14 Confidentiality

Guidance on confidentiality and the professional conduct procedure

Both parties have a duty of confidentiality under the Professional Conduct Procedure.

It may be difficult to separate out the content of counselling from its process and it is, therefore, prudent to regard both as confidential. In the process of making or responding to a complaint, it may be necessary to disclose information that would otherwise remain confidential. However, in doing so, the information must be relevant and pertinent to the issues to be adjudged.

Issues for consideration:

1. Be fully aware of the implications of disclosure for self, the other party concerned, and third parties;
2. Disclosure of only part of the content or process of the counselling, may result in more extensive disclosure as the Professional Conduct Procedure proceeds;
3. BACP seeks to ensure that persons considering lodging a complaint understand the implications of disclosure and can, therefore, make an informed decision;
4. BACP is bound to respect the limits on disclosure subject to the Professional Conduct Procedure;
5. In dealing with a complaint, the information provided by both parties will be treated as “disclosed in confidence”. However, both parties must only submit information/evidence which they are at liberty so to do.

The aim of a Professional Conduct Hearing is to ensure that both parties receive a fair hearing. Thus, it may be necessary for either party to obtain statements/evidence from third parties. In doing so, the substance of the complaint must be communicated only to those who are in a position to assist in this regard.

A preliminary discussion with staff in the Professional Conduct Department may be of assistance to either party in order to understand the implications of disclosure, the effects of non-disclosure, and the limits of confidentiality.

Confidentiality binds BACP officials, assessors, adjudicators and members of appeal panels involved in the Professional Conduct Procedure.

Those acting on behalf of BACP are obliged:

1. to take personal and collective responsibility for the security and eventual destruction of the confidential documentation relating to complaints;
2. not to communicate the substance of complaints to persons who have no direct involvement in the case, unless in the process of seeking professional advice as provided for by the Procedure.

The Complainant and Member Complained Against have a responsibility not to communicate libellous (written) or slanderous (spoken) statements about the other respective party; or statements which may prejudice the outcome of the Professional Conduct Procedure. This does not prevent the Complainant or Member Complained Against from discussing the complaint in confidence with a friend or adviser, nor does it restrict either party’s right to take legal action or to make a complaint to some other professional body to which the person(s) or organisation is affiliated.

It is the responsibility of either party to inform the Head of Professional Conduct if legal proceedings are initiated in connection with the substance of the complaint.

Both parties have a responsibility to ensure that documentation relating to the complaint is stored securely, and that it is only passed on to others “in confidence” and for the purpose of briefing a “friend”, a professional adviser or a potential witness.

Appendix 15 3rd Party Complaints

Notes on 3rd party complaints in BACP, BPC & UKCP

BACP at some time treated all cases of third party complaints under Art 4.6. where membership is terminated, with the member having to appeal against the decision.

In 2007 they changed this ruling on the basis that many of the complaints were not serious enough to be heard in this way and were redirected back to PCP.

Complaints may be brought by 'any member who had witnessed poor practice delivered by another member, or on behalf of another member unable to bring the complaint themselves, with their written permission

Any third party complaint is taken up by the association .

1.2 d a 3rd party who can demonstrate sufficient interest and who has been directly effected by the actions of the practitioner, subject to protocol on 3rd party complaints 2002, 2007

BACP 2007

1.2. Bringing a complaint

A complaint can be brought by either:

5. a member of the public who has sought or received a service provided by a member of the Association; *or*
6. a current member of the Association who may bring complaints for services sought or received directly from another member; or who has witnessed poor practice delivered by another member; or on behalf of another where their written permission has been obtained and where that person is unable to bring the complaint on their own behalf (explanation is required in writing as to the nature of the inability); *or*
7. a legal guardian or other appropriately authorised adult on behalf of a minor and/or an adult lacking legal capacity for services sought or received; *or*
8. a third party who can demonstrate sufficient interest and who has been directly affected by the actions of the practitioner, subject to the protocol on third party complaints.

BPC

1.10. The Complaints Procedure is designed to address any issue which raises concern about a registrant's fitness to practise in a safe and appropriate manner. All the circumstances that could give rise to a complaint cannot be specified in advance. They may, for example, include one or more of the following:

- Misconduct — a breach of the Code of Ethics
- Malpractice — incompetence, negligence, recklessness, inadequate professional services
- Impairment of ability to practise by reason of physical or mental ill health
- A decision made by a regulatory body, either in the United Kingdom or in any jurisdiction recognised by the United Kingdom, which may be adverse to the professional standing of the registrant
- A criminal conviction by the courts either in the United Kingdom or in any jurisdiction recognised by the United Kingdom.

1.11. This procedure may also be used where no complaint has been made but where a concern about a registrant has been drawn to BPC's attention (see 2.22). This may include a registrant themselves admitting to inappropriate behaviour.

2.5. Anonymous complaints will not normally be accepted, unless there are serious and credible grounds for concern about public safety. In these circumstances action under 2.22 may be taken. A complainant who is willing to disclose their identity to the BPC but otherwise have their identity withheld should approach the BPC Chair of Ethics via the FtP Officer for advice.

2.22. Where a concern has been brought to the attention of BPC which raises serious and credible concerns about the registrant's fitness to practise and there is no complaint (as in 1.11), or there is an anonymous complaint (as in 2.5) or a complaint has not been pursued (as in 2.21) then the Chair or Honorary Secretary of BPC may decide to initiate the complaint in the interest of the public or the profession. The Chair or Honorary Secretary of BPC shall then be treated as the complainant for the purpose of the complaints procedure. The Chair or Hon. Sec. of BPC shall then be treated as the complainant for the purpose of the Complaints Procedure and shall take no further role in the management of the complaint. The registrant shall be notified by the FtP Officer of any such change of complainant.

UKCP is in the process of drafting a complaints procedure for centrally heard complaints. The draft includes a section on third party complaints [July 2012] It would not be appropriate to include that here as it is still in draft form.

OMs policy

It was not so easy to ascertain the policy of all the Organisation Members but in a trawl of all websites only 7 organisations declared that they would accept third party complaints, 2 definitely would not accept them, while on 65 sites there was no mention of third party complaints. Of those that will accept them it is usually only parents or guardians of children or of adults unable to speak for themselves and identified as responsible carers at the beginning of the therapy that can make such complaint. [Nov. 2011]

Appendix 16 BACP Research Ethics

BACP

Summary of key ethical issues to be addressed during the research process

Ethical orientation

■ having an adequate knowledge of the *Ethical Framework for Good Practice in Counselling and Psychotherapy* (BACP, 2002)
■ ensuring that the research is consistent with the requirements of trustworthiness in the practice of counselling and psychotherapy

Risk

■ a thorough risk assessment of any harm to participants or to the integrity of the research, including the competence of the researcher to undertake the work, is to be undertaken prior to starting the research (sections 2 and 4.3)
■ ensuring that participants are adequately protected from harm and that the researcher is fully accountable for any risks associated with the research
■ ensuring adequate consultations take place about ethical issues prior to and during the research process

Relationships with research participants

■ obtaining participants' consent prior to involvement in research (section 3.1)
■ protecting participants' rights to modify, consent or withdraw throughout research process and ensuring that a refusal to participate does not adversely affect services to that person
■ managing and protecting personally sensitive information within the research in ways that are compatible with the service being researched (section 3.2)
■ taking reasonable steps to anticipate any conflicts between confidentiality and other ethical obligations (section 2.4)
■ taking adequate account of any vulnerabilities of participants (section 3.3)
■ ensuring that all participants are treated respectfully and with adequate cultural sensitivity (section 3.4)
■ adequately protecting the client's interests and vulnerabilities where the researcher is also the provider of services to the client (section 3.5)

Research integrity

■ ensuring fairness and honesty in the collection and analysis of research data (section 4.1)
■ communicating any new learning or knowledge effectively to the appropriate audience (section 4.2)
■ being competent to undertake the research (section 4.3)
■ fostering a research culture that supports the open exchange of knowledge (section 4.4) and constructive relationships with other researchers (section 4.5)
■ taking adequate account of own needs as researchers for personal safety and being treated ethically (section 4.6)
■ making provision for prompt and adequate responses to any complaints (section 4.7)

Research governance

■ conscientiously considering any research governance requirements applicable to the research being undertaken (section

Appendix 17 CHRE

CHRE will become the Professional Standards Authority for Health and Social Care during 2012

The Council for Healthcare Regulatory Excellence promotes the health and well-being of patients and the public in the regulation of health professionals. We scrutinise and oversee the work of the nine regulatory bodies that set standards for training and conduct of health professionals.
We share good practice and knowledge with the regulatory bodies, conduct research, and introduce new ideas about regulation to the sector. We monitor policy in the UK and Europe and advise the four UK government health departments on issues relating to the regulation of health professionals. We are an independent body accountable to the UK Parliament.

www.CHRE.org.uk

Appendix 18 Prima facie case

Notes on the concept of a Prima facie case

A prima facie case is a case where it appears "on the face of it" that there is sufficient evidence for the matter to proceed to a trial in which if the defendant did not answer or rebut that evidence, a court would be bound to hold in favour of the plaintiff.

No case to answer means, in a criminal case, that after the prosecution has made its arguments the judge decides that there is insufficient evidence for a jury to convict or the evidence is so tenuous that it would be unsafe for the trial to continue, with or without hearing the defence arguments.

So "prima facie case" is kind of the opposite of "no case to answer". I think the first is used in civil contexts and the second in criminal contexts.

You can get more detail on these concepts on the following Wikipedia pages:

http://en.wikipedia.org/wiki/No_case_to_answer http://en.wikipedia.org/wiki/Prima_facie

BPC

That's a Standing Committee that meets on a regular basis. It oversees formal complaints and decides in the old language whether there is a case to answer. I say 'old language' because I now have changed that, because I was concerned that the whole tendency in hearing cases veered towards a legalistic approach in dealing with problems. And so we nearly had a fight on this. There is a strong tendency in the light of experience for people who are anxious to seek a legal solution to an ethical dilemma so one of the things... I changed the language of the whole thing, from the formal, so 'Case to answer' has now been changed 8.46 to 'potential breech', I changed the language away from a legal one.

So when we get a formal complaint that goes straight to the Screening Committee, who can do what ever they wish in order to decide whether there is a potential breech. They decide as to whether there is or not, if there is they pass it on to what is called the Intake Committee,

UKCP

Our complaints procedure does not have legal force - it is quasi-legal and therefore our context of prima facie can be different (it is not civil nor is it a criminal procedure but I would say it is more akin to civil procedures because the standard of proof is on the balance of probability rather than beyond all reasonable doubt).
Prima facie means there is enough evidence for there to be a case to answer.

What has caused the confusion is that I think that when OM's/UKCP's CCP look at "prima facie" they look at whether the complaint is in relation to fitness to practice (that is when they apply the prima facie test), then they get the responses/gather evidence to decide if there is

enough evidence for a case to answer (i.e. for the matter to proceed to a hearing). This is not good practice because you run the risk of assessing the evidence and before it goes to a hearing (i.e. do not progress it to a hearing).

Appendix 19 Restorative Justice

Principles of restorative Justice 2004

Processes

1/ Primary aim to be the repair of harm

2/ Agreement about essential facts of the incident and an acceptance of some involvement by the person who caused the harm.

3/ Participation to be voluntary for all participants and based on informed choice. This also applies to what is included in any outcome agreement, and any consequence for non-participation/ compliance to be made clear.

4/ Adequate time to be given to participants to decide whether to take part and to consult with others, if they wish.

5/ Acknowledgement of the harm or loss experienced by the person harmed, respect for the feelings of participants, and an opportunity for the resulting needs to be considered and where possible met.

BBC Panorama 21.11.11

Being offered the opportunity to ask their questions and seek an answer, which is entirely up to them if they believe, can be massively cathartic from a victim's point of view. To hear the reality of what you've caused is important. To understand the devastation of what you're actions have caused is massively important.'

Restorative Justice Council www.restorativejustice.org.uk

Restorative justice model would pave the way for a more positive process and outcome for victims of crime.
The place and role of victims of crime, be it the individual or communities, is crucial within a restorative model of justice. The victim's role must not be transformed into a punitive one nor can this shift be to the detriment of the offender. The emphasis of restorative justice is enabling and a cooperative approach to reducing crime and creating safer communities. We cannot lose this emphasis.

Learning from international experience

The Howard League, as a NGO with the United Nations and the Council of Europe, has discussed the concept and application of restorative justice in many jurisdictions. There are a number of principles that we feel are imperative when considering a strategy for restorative justice within our system:

- This should be regarded as an opportunity for systemic change. The Howard League believes there is little value in trying to attach the principles of restorative justice to the divisive and punishment oriented system that currently exists. Being sentenced to restorative justice will not work, it undermines and alters the basic principles which underlie restorative justice.
- Experience in New Zealand and Canada has shown that restorative justice can be used successfully in varied situations, from relatively minor crimes through to more serious sexual and violent offences. Therefore restorative justice should not be considered a way of diverting or dealing with more minor offenders but as a systemic change with application across the range of offences.
- There is real value in community involvement in dealing with those who have offended. This has been demonstrated with youth offending panels where members of the community, not directly involved with the incident, have a role in the process. This extension of community responsibility is positive and helps to change attitudes and provide a wider understanding of the issues related to offending.
- There must be a well-resourced, informed, consistent and coherent system in place. The structures and systems in place for dealing with offences and those associated with it must be developed and adhered to, (as the research by Young and Hoyle (2002) shows that the best results for all participants emanates from using established methods, in this case the script for the restorative caution), but this does not mean that the outcomes have to be standardised.
- We believe there is value in utilising the skills of non-statutory agencies, as they are generally independent and separate from the traditional system of criminal justice. Their involvement must be regulated to ensure consistency of application and approach, and ultimately fairness.

The wholesale reform of criminal justice that the Howard League for Penal Reform would like to see would also have application where there is no admission of guilt. We believe that it is possible to bring together all parties via mediation and resolve the issue.
We also feel that the underlying principles of restorative justice have a role to play with offenders who do not admit guilt at the outset, but do not go through the mediation route, and thus go through the traditional criminal justice process.

There is value in applying the concepts of reparation and reconciliation to help repair some of the damage.
The Howard League for Penal Reform believes that justice system should be developed to ensure that corporate, environmental and white-collar crimes are dealt with in a restorative manner.
The Howard League for Penal Reform believes that the Government's current emphasis on restorative justice should be viewed as a positive force for change. The current system is not working effectively to create safer communities nor is it reducing the number of people fearful of becoming a victim of crime. This is an opportunity for radical change. The Howard League believes that there is enough international and domestic evidence, particularly youth justice reforms, to justify wholesale change. If the Government embarks upon piecemeal change, just adding restorative elements to the current punishment oriented criminal justice system, it will not reap the rewards of a more enabling and consensual approach to righting wrongs nor will it be promoting a more inclusive approach to all members of our communities.
The Howard League for Penal Reform would like to see this consultation taken further. It should be the catalyst for a public debate with government ministers promoting restorative justice to ensure that all sectors of the community are aware of the benefits of a restorative criminal justice system.

Yours sincerely

Frances Crook
Director

Appendix 20 The River Story

Saving the babies: looking upstream for solutions

Steven E. Mayer, Ph.D.

Effective Communities, LLC

The story below lifts up a key dilemma underlying much of philanthropy. It's a parable illustrating a dilemma of choice. It tells of how difficult it can be to pick among alternatives for the best way to "do good" and "make a difference." What is the right choice? Or even a good choice? And if there's a group of us, do we all have to make the same choice? These questions have big implications for how philanthropic organizations, giving circles, and individuals approach challenging issues facing society.

The story: One day a group of villagers was working in the fields by a river.
Suddenly someone noticed a baby floating downstream. A woman rushed out and rescued the baby, brought it to shore and cared for it. During the next several days, more babies were found floating downstream, and the villagers rescued them as well. But before long there was a steady stream of babies floating downstream. Soon the whole village was involved in the many tasks of rescue work: pulling these poor children out of the stream, ensuring they were properly fed, clothed, and housed, and integrating them into the life of the village. While not all the babies, now very numerous, could be saved, the villagers felt they were doing well to save as many as they did.

Before long, however, the village became exhausted with all this rescue work. Some villagers suggested they go upstream to discover how all these babies were getting into the river in the first place. Had a mysterious illness stricken these poor children? Had the shoreline been made unsafe by an earthquake? Was some hateful person throwing them in deliberately? Was an even more exhausted village upstream abandoning them out of hopelessness?

A huge controversy erupted in the village. One group argued that every possible hand was needed to save the babies since they were barely keeping up with the current flow. The other group argued that if they found out how those babies were getting into the water further upstream, they could repair the situation up there that would save *all* the babies and eliminate the need for those costly rescue operations downstream.

“Don’t you see,” cried some, “if we find out how they’re getting in the river, we can stop the problem and *no* babies will drown? By going upstream we can eliminate the cause of the problem!”

“But it’s too risky,” said the village elders. “It might fail. It’s not for us to change the system. And besides, how would we occupy ourselves if we no longer had this to do?”

This parable is told in different ways for different audiences with different emphases. For our purposes, it illustrates a dilemma of choice. Do we direct our philanthropic assets to rescuing victims or to making sure babies don’t fall into the water? The answer for society is probably *both*, at least for the foreseeable future, because we *do* have to take care of the victims. But we also owe it to ourselves and everybody else to cut down or even eliminate the tragedy caused by something upstream that’s causing these babies to
fall into the water.

As individual “philanthropists,” however, chances are we each have different
inclinations, just as the villagers in the story did. Some of us, perhaps because we’re reminded of how *we* were fished out of the river, want to be sure there are rescue options for other victims. Others of us, perhaps because we’re angry at the system that victimized so many, want to fix the system so our brothers and sisters and neighbours won’t become the next victims. These two basic options are clearly not the same. The first, while taking care of the victims, does not address the underlying causes of the problem. The second, while fixing the system to produce a more level playing field, does nothing to address the needs of current victims.
The first approach, for which our systems of charity and social services have been developed, is better funded in this society. The second, which requires efforts to create change in the way our systems and market work, is far less funded.

Why is that? The vocabulary may have something to do with it. The term “social change” can arouse suspicion and animosity in some people, especially in those people who are uncomfortable acknowledging the power dynamics that are usually unspoken. The term “social change” is part of the same category of emotionally-laden terms as “racial equity,” “social justice,” “advocacy,” “activism,” and “reform.” The political overtones are clear. Who has power? Is that OK? Can’t they share some? Why can’t we just leave things alone? What we have is at least familiar; change is unpredictable and
scary. The terms “social service” or “charity,” on the other hand, sound nice and nonthreatening, humane and charitable. They’re familiar and predictable. Service is not necessarily justice, but it can take you there.

In our Pathways to Progress project (www.JustPhilanthropy.org), we are looking for ways to make a difference in the chronic problems of society -- problems of justice and fairness -- so that our systems and markets work the same for everyone regardless of race, gender, or circumstances of birth.
So, back to the story, the dilemma of choice. Are we content to rescue the children and help them regain their lives? Or do we go upstream, see what’s happening, and create that prevent unnecessary loss of life? If we looked upstream, we could find any number of things. Maybe it

was a mysterious illness that had stricken these poor children. We could then search for a cure, and make sure that in the future they get the proper treatment.
Maybe the shoreline had been made unsafe by an earthquake. We could restore the shoreline, or put up fencing, or teach children how to swim.
Maybe there was some hateful person throwing them in deliberately. We could preach against hate, or keep that person away from children, or them the arts of self-protection. Unfortunately, even knowing the problem doesn't guarantee that we're of one mind about a solution. Lots of things could be contributing to the problem, and many legitimate approaches could contribute to their solution. So, how do we choose what to do with our own time, talent, and treasure, and our community's collective time, talent, and treasure?

Some guidelines:
Satisfy yourself that an investment of effort "here" has a good chance of affecting things "there," that there's a connection between your effort and a consequence for others.

Draw on the imagination, intelligence, resources, and skills of *all* those in the village – not necessarily to produce a unified effort, but to make sure that you're using all your assets.

Encourage the search for solutions. Invest in the leadership of the best and the brightest, help them achieve, and hold them accountable.

You can see there are lots of choices that can be made, and that your voice and your assets have the power to make change.

1 This version is composed from several variations heard by the author, and this paper was greatly aided by advice from Arthur Himmelman, Danielle Hicks, Charlotte Kahn, Ricardo Millett, Barbara Raye, Jim Richardson, Carol Simonetti, and Gary Stern.
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Appendix 21 Psychotherapy Registration

Hansard 15th April 1981

Psychotherapy (Registration)

*HC Deb 15 April 1981 vol 3 cc344-7*3444.55 pm

§*Mr. Graham Bright*(Luton, East)

I beg to move, That leave be given to bring in a Bill to create a Council for Psychotherapy, with power to maintain a register of practitioners and to enforce a code of ethics. I have always believed that one of the major responsibilities of the House is to ensure that the highest professional standards are set and maintained in the treatment of the sick. Over the years, we have taken the necessary steps to maintain public confidence in the integrity of our medical and ancillary professions. The high regard in which our doctors, dentists and nurses are held and the trust which the people of Britain rightly place in them is proof of how successful we have been. The combination of legislation and regulation of the professions by bodies such as the General Medical Council is a guarantee that standards will be maintained and the public fully protected.

Unfortunately, there is one area—the practice of psychotherapy and its allied disciplines—in which the public have little or no effective protection. There is no legislation whatsoever to determine who may call himself a psychotherapist or psychoanalyst and who may offer treatment to members of the public. It is a profession that can be entered by the simple expedient of placing an advertisement in a newspaper or telephone directory. Indeed, there is no obligation on anyone practising psychotherapy to have received proper training, to possess academic or medical qualifications or to be a member of an appropriate professional body. In such a situation, abuses are inevitable.

A constituent of mine who sought help from a psychotherapist was enticed into a sexual relationship that led to the breakdown of two marriages. I am sure that similar tragedies have come to the attention of other right hon. and hon. Members. The only protection available to members of the public is through civil action in the courts, where proof that positive harm has been done to a patient has to be established. The fact that this is an extremely costly and lengthy process deters many victims of malpractice from taking that course. But even when civil action has been successfully taken by a patient there is nothing to prevent the practitioner responsible from continuing to treat other patients. It is this serious gap in the law protecting the public that I now seek the leave of the House to close by means of my proposed Bill.

The need for legislation was pointed out by Sir John Foster as long ago as 1971 in his report on the cult of scientology. It was his recommendation that inspired the appointment by the professional bodies concerned of the working party chaired by Mr. Paul Sieghart, which considered this question and reported in 1978. All the available evidence points to the fact that treatment by untrained and unqualified psychotherapists

can be dangerous to their patients. There is every likelihood of wrong or inadequate diagnosis, of poor technique in treatment and of delay in using more effective methods to help people who are, for one reason or another, amongst the more inadequate in our community.

The longer such treatment lasts, the greater the danger of over-dependence on the psychotherapist and, thereby, of financial exploitation of the patient. The need for regulation to protect the public and to maintain proper professional standards is widely accepted by reputable psychotherapists. It is our responsibility to help to bring to an end the long and unnecessary delay in taking action.

The Sieghart committee's proposals provide the framework within which that objective can be achieved. Because they rest on a wide measure of agreement between professional bodies such as the Royal College of Psychiatrists, the British Association of Psychotherapists and others, I have made these proposals the basis of the Bill. They are essentially along the lines of those by which other professional bodies, such as those ancillary to medicine, are controlled. The instrument through which regulation might be achieved would be a statutory body to be called the Council for Psychotherapy. Its members would be recruited by nomination from among a wide range of professional societies, including, perhaps, more behaviour lists than were originally represented on the Sieghart committee. The Secretary of State for Social Services would also be involved, together with a lay element. Later there would be elected members.

The council would have the duty of maintaining a register of recognised practitioners of psychotherapy and allied disciplines the power to enforce a code of ethics and to approve training courses. There is nothing remarkable about such responsibilities and powers. They are comparable to those granted to the board created by the Professions Supplementary to Medicine Act 1960. If those who fit hearing aids or who practise remedial gymnastics are subject to regulation by statutory bodies, I see no reason why psychotherapists should continue to escape effective control.

I take the view that the public are entitled to know what, if any, are the qualifications of those offering treatment in this delicate area. The creation of a statutory register would ensure that this could be done. Not only would the qualifications of a practitioner be stated and known, but so would the professional name—psychotherapist, analytical psychologist and so on—under which he or she offered treatment.

It would be an offence for anyone not on the register to offer treatment under the professional name. There would no longer be uncertainty in the minds of the public. Patients would at long last be offered protection against unscrupulous and incompetent practitioners and the standards and status of genuine experts would be enhanced. The invaluable work of those involved in social work—such as marriage guidance counsellors and ministers of religion—would not be affected at all. Obviously, there would have to be careful consultation between the professional bodies concerned, such as the Royal College of Psychiatrists and the British Psycho-Analytical Society, and the Department of Health and Social Security on the criteria for registration, and some allowance would initially have to be made for existing practitioners of repute without formal academic qualifications. But I have no doubt that such problems can be solved.

Subsequently, the criterion for inclusion on the register ought to be the successful completion of a course of training endorsed and approved by the proposed council. When new disciplines arise in this field, it should be possible for their representatives to find places on the council, perhaps through the mediation of the Secretary of State. I believe that in a developing area like this it is wise to be flexible.

Whatever machinery the House might think it right to set up, two measures should be included. The Council for Psychotherapy envisaged in my Bill would need to be able to assess existing training courses in the various disciplines as qualifications for registration and to have the power to approve them and any new courses that might be devised in the future. But more important still would be its duty to institute and enforce a code of ethics.

It is the element of exploitation by the charlatans in this field that leads to real harm to their patients in the present circumstances. I cannot imagine that sexual or financial advantage could be sought by any genuine practitioner, and I would certainly condemn any course of treatment given without a patient's knowledge and consent. If there should be a code of ethics, the duty and means of enforcing it should be in the Council for Psychotherapy's hands. The professional sanctions of reprimands, suspensions and, in grave cases, expulsion from the register should be available.

I am sure that the House will agree that there is a gap in the law to be filled. The means of filling it have been suggested by the Sieghart committee. We should not be deflected by the protests of those who would find themselves unable to continue their activities if legislation on these lines were passed. It is fair to say that the machinery to tackle the problem has been devised. Perhaps there may be details which require further discussion. But what matters to the profession, to the House and to the country is the protection of the patients. That ought to be the overriding consideration.

The need to act was clearly spelt out 10 years ago. Every year that we delay means that there are more cases of malpractice by bogus or unqualified practitioners of psychotherapy. The fact that we have waited nearly a decade for a solution to the tragic problems that so often arise means that we cannot afford to wait much longer. I ask the House for leave to bring in the Bill.

§ 5.7 pm

§*Mr. Stan Thorne*(Preston, South)

I shall be brief because I know that hon. Members wish to move on to the important matter affecting the North of England. However, while I fully subscribe to the view that protecting the public is an aim that the House should fully uphold, I submit that the proposed Bill is not the way to do it. The final paragraph of the suggested Bill reads: The Council for Psychotherapy shall have the power to proscribe the use of any psychotherapeutic, psycho-analytical or other professional technique or method of treatment by persons not on the statutory register or not medically qualified. That goes much further than the proposals of the Sieghart committee and would have a profound effect on clinical psychologists. It would make it impossible for anyone to work as a

clinical psychologist unless he was on the proposed register or authorised by the registrar. The clause would be unworkable as it would be impossible meaningfully to define any psychotherapeautic, psycho-analytical or other professional technique or method of treatment. For example, a nurse talking or even listening to a patient would be covered by the term, as would a clinical psychologist carrying out any kind of behaviour therapy.

The clause is clearly unfair and discriminatory in excluding the medically qualified from the need to be registered. It would be patently absurd to maintain that a consultant pathologist could use any such technique with impunity, whereas a clinical psychologist could not.

The Sieghart proposal on the registration of psychologists was descriptive, that is, non-registered psychotherapists could not call themselves psychotherapy-ists. The proposed Bill is proscriptive—that is, people would be proscribed from performing psychotherapy unless registered. Such a proposal would be unfair and unlikely to have a good effect on patients. It would be unworkable in practice and highly detrimental in a straight forward trade union sense to members of my association. On those brief grounds I believe that the House should not agree to the hon. Member's wish to introduce the Bill.

§Question put

§The House proceeded to a Division—

§ Mr. CHRISTOPHER MURPHY and Mr. DAVID ATKINSON were appointed Tellers for the Ayes, but no Member being willing to act as Teller for the Noes, Mr. DEPUTY SPEAKER declared that the Ayes had it.

§Question accordingly agreed to.

§ Bill ordered to be brought in by Mr. Graham Bright, Mr. Clinton Davis, Mr. John Loveridge, Mr. David Atkinson, Mr. Michael Colvin, Mr. Leo Abse, Mr. Richard Page, Mr. John Carlisle, Mr. David Mellor, Mr. David Madel and Mrs. Sheila Faith.

Appendix 22 Accredited Voluntary Register *AVR*

About the Professional Standards Authority

The Professional Standards Authority for Health and Social Care oversees statutory bodies that regulate health and social care professionals in the UK. We assess their performance, conduct audits, scrutinise their decisions and report to Parliament. We also set standards for organisations holding voluntary registers for health and social care occupations and accredit those that meet them.

Standard 11: complaints and concerns

The organisation:

11a) Provides clear information about its arrangements for handling complaints and concerns about a) its registrants and b) itself.

11b) Encourages early resolution of complaints including use of mediation where appropriate and it has adequate monitoring arrangements in place to identify matters that require disciplinary action.

11c) Provides good advice and support for those providing information and evidence in relation to complaints and disciplinary cases.

11d) Focuses on protecting service users and the public where necessary and putting matters right where possible.

11e) Makes sound decisions that are fair, transparent, consistent and explained clearly.

11f) Reports concerns to other relevant agencies when that is needed to protect the public

Appendix Q1 *Analysis published by Khele, Symons, and Wheeler concerning the complaints received by BACP between 1996-2006 and held under the professional conduct procedure.*

Over the ten year period investigated there were 233 complaints registered, 142 PCP complaints and 91 under Art 4.6 [Audit 2011]. 84 of the 142 complaints went to a Hearing. Of these 84 complaints 64 were made against individual members. Unfortunately, from our point of view, the article does not clearly differentiate between a complaint towards a therapist, trainer or supervisor, although 56 were said to be against the counsellors code. (The report does give this as 50 at one point)

Q1.1 Complaints made against counsellors heard under PCP.

Chart 1. The nature of the complaints made against the code for counsellors

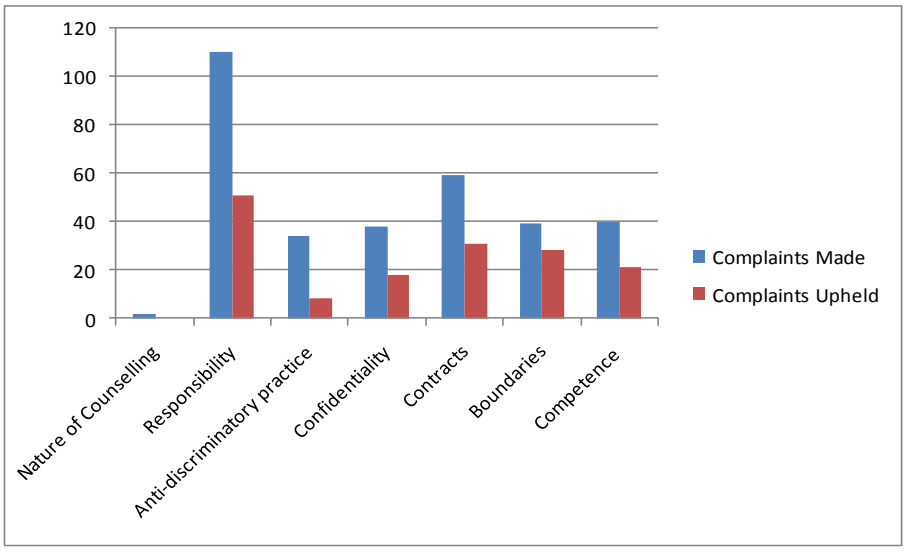


Table 1 showing types of complaints (BACP) PCP							
	Nature of Counselling	Responsibility	Anti-discriminatory practice	Confidentiality	Contracts	Boundaries	Competence
Complaints Made	2	111	32	35	57	38	40
Complaints Upheld	0	51	8	18	31	28	21

This chart was adapted from the one in the article by Khele, Symons and Wheeler

These figures relate to those complaints which are dealt with under the professional conduct procedure.

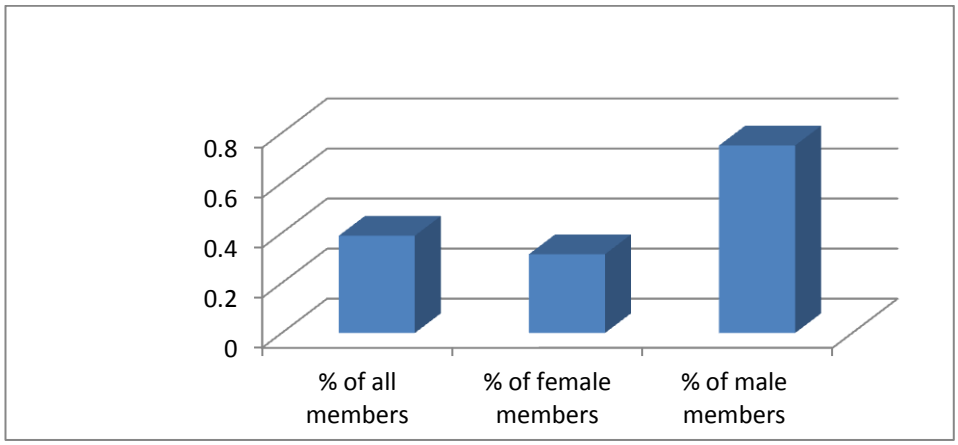
Q1.2 The Gender divide

43 [67%] of those complained against were female members and 21 [33%] male.

The gender split of BACP members in 2004 [mid point] was 83% female and 17% male.

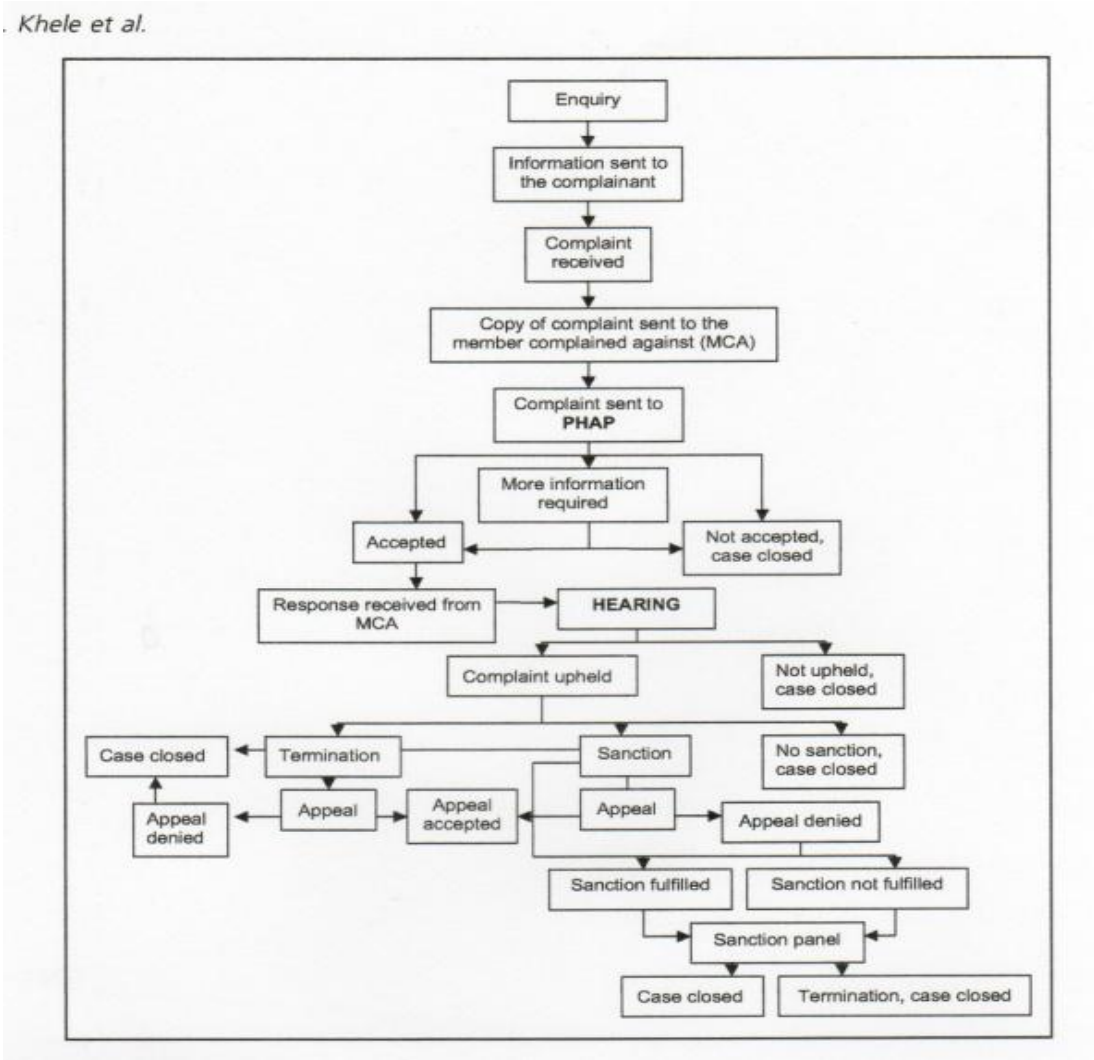
From these figures men appear to be 2.4 times more likely to have a complaint made against them than are women. The BACP researchers rightly argued that a disproportionate number of complaints were against male members

Chart 2 showing the gender differences of BACP members complained against under PCP as a percentage of membership, in the 10 years 1996-20006.



The data for this graph was taken from the BACP analysis.

Q1.3 BACP PCP Complaints procedure



This diagram was taken from the research article by Khele, Symons & Wheeler

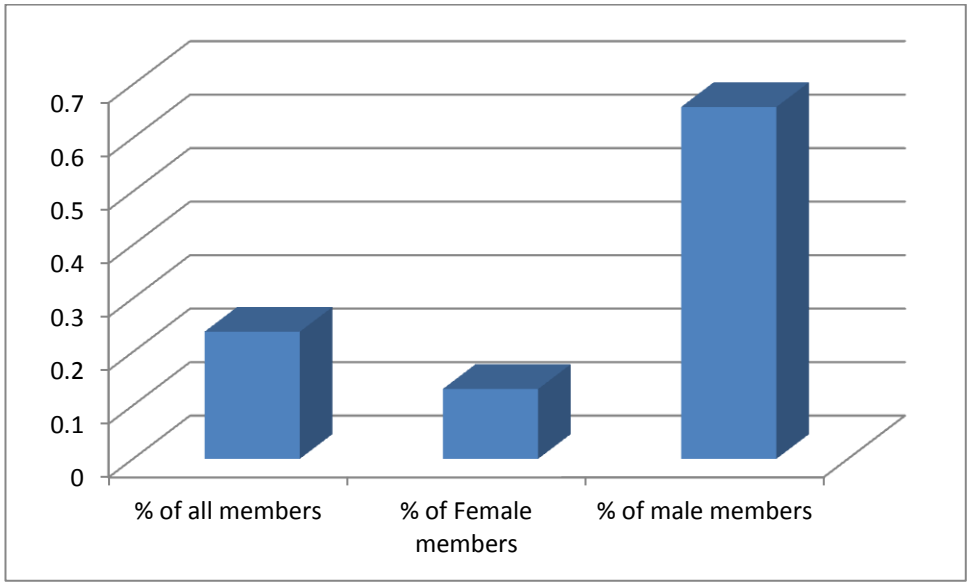
PHAP - Prehearing assessment panel MCA – Member complained about

Appendix Q2 *Analysis published by Khele, Symons & Wheeler concerning complaints received by BACP under Art 4.6 between 1998-2007*

91 cases were identified of which 59 were dealt with under article 4.6. Of the 56 of those for which full details were available 43 appealed against the decision to terminate their membership and in 23 of these cases the appeal was upheld. The other 33 cases resulted in withdrawal of membership.

Q2.1 Gender divide

Chart 3 indicating the gender differences of BACP members complained against under Art 4.6 as a percentage of membership, in the 10 years 1996-2007



The data for this graph was taken from the BACP analysis and approximated using the best figures available as regards membership numbers and gender split.

Q2.2 Year by year complaints made under Art. 4.6 between 1998 – 2007 [Khele, & Symons, 2010]

		Complaints made			Complaints upheld		
Year	Member ship	Total	PCP cases	4.6 cases	Total	PCP cases	4.6 case s
1999	17113	26	16	10	9	8	1
2000	17373	30	20	10	10	2	8
2001	18097	22	10	12	12	7	5
2002	19808	15	6	9	4	2	2
2003	21688	22	13	9	16	11	5
2004	22949	38	28	10	15	10	5
2005	24354	24	17	7	3	2	1
Average	20197	25.3	15.7	9.6	9.9	6.0	3.9
Average per year Complaints per 1000 members		1.25	0.78	0.47	0.49	0.30	0.19
Average number of members per complaint		799	1285	2110	2049	3366	5236
% Upheld					38.9 8%	38.18 %	40.30 %

Table 3 [above] showing the approximate year by year rate of complaints related to membership numbers heard under Art 4.6. [Early membership numbers are not always complete]

The numbers of complaints have remained relatively consistent throughout the period of study.

Appendix Q3 *An analysis of the 57 cases reported in the BACP Journal and/or on the web between January 2006 and December 2010.*

Only cases which have been upheld are reported..

Q3.1 The nature of complaints

Chart 4 - showing types and distribution of complaints across the whole sample.

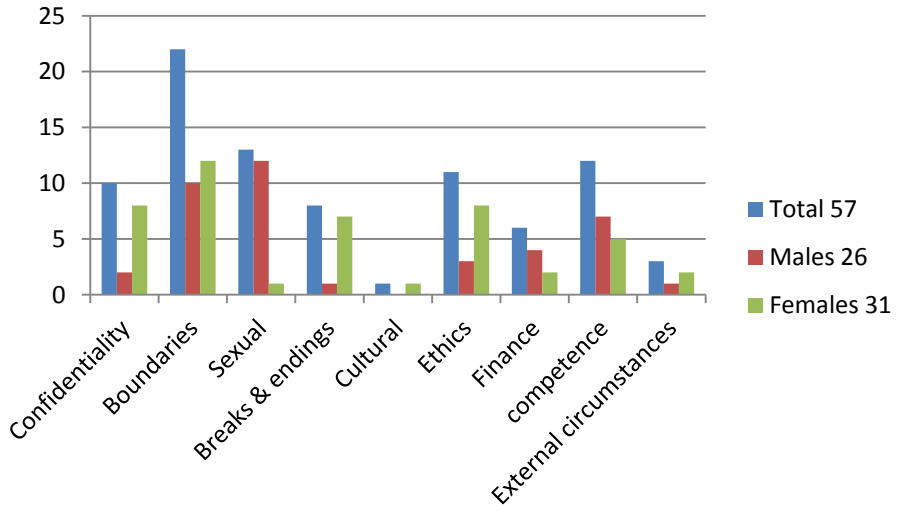


Table 4 showing types and distribution of complaints across the whole sample.

	Confidentiality	Boundaries	Sexual	Breaks & endings	Cultural	Ethics	Finance	Competence	External circumstances
Total 57	10	22	13	8	1	11	6	12	3
Males 26	2	10	12	1	0	3	4	7	1
Females 31	8	12	1	7	1	8	2	5	2

From the details of these complaints it will be seen that there are clusters of complaints that are gender orientated.

Several members received more than one complaint by the same person.

Q3.2 Gender differences

Chart 5 – showing the pattern of distribution of complaints against male members across the whole sample

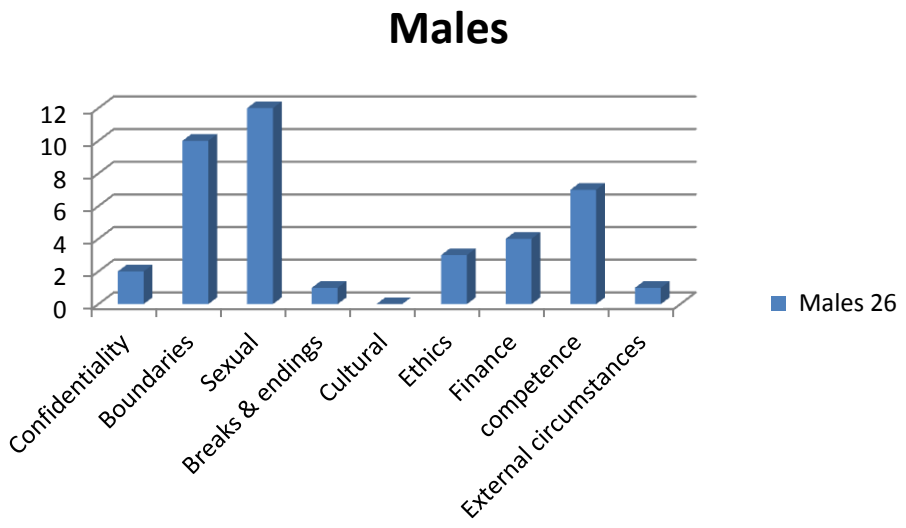


Table 5 showing the pattern of distribution of complaints against male members									
	Confidentiality	Boundaries	Sexual	Breaks & endings	Cultural	Ethics	Finance	competence	External circumstances
Males 26	2	10	12	1	0	3	4	7	1

(Standard deviation 4.28)

The dominant causes of complaint against male counsellors were sexual abuse, issues around violation of boundaries and of working beyond their range of competence while not referring on or seeking adequate supervision. The number of instances of financial misdemeanours follows close behind.

Chart 6 - showing the pattern of distribution across the whole sample of complaints against female members

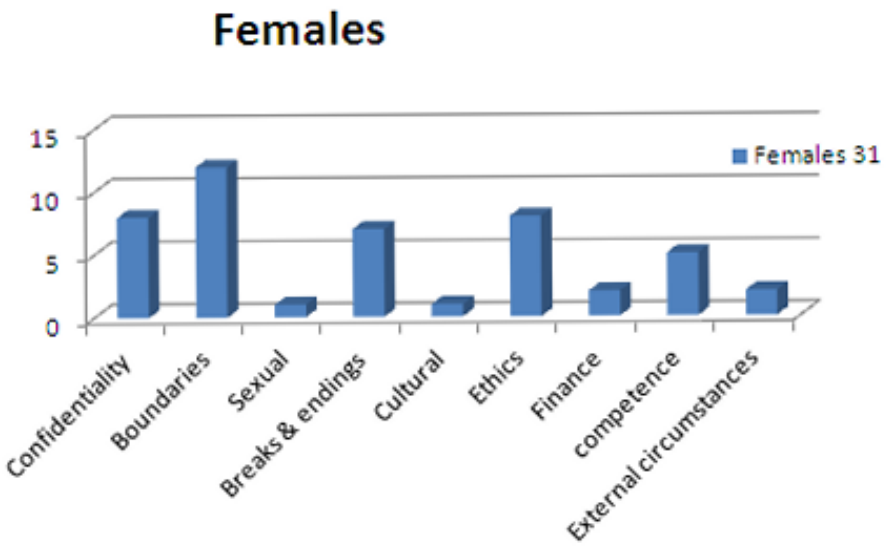


Table 6 showing the pattern of distribution of complaints against female members

	Confidentiality	Boundaries	Sexual	Breaks & endings	Cultural	Ethics	Finance	competence	External circumstances
Females 31	8	12	1	7	1	8	2	5	2

(standard deviation 3.89)

Causes of complaints against female members are slightly more evenly distributed than for their male colleagues although the breaking of boundaries is dominant.

Breaking of confidentiality and unethical behaviour occur more frequently than amongst the males.

Q3.3 The nature of complaints under PCP

Chart 7- showing types and distribution of complaints heard under PCP

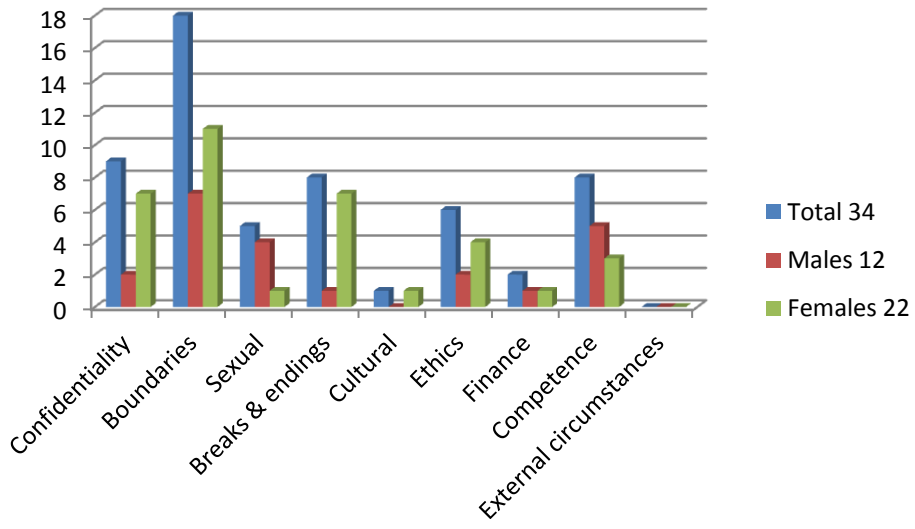


Table 7 showing types and distribution of complaints heard under PCP

	Confidentiality	Boundaries	Sexual	Breaks & endings	Cultural	Ethics	Finance	Competence	External circumstances
Total 34	9	18	5	8	1	6	2	8	0
Males 12	2	7	4	1	0	2	1	5	0
Females 22	7	11	1	7	1	4	1	3	0

Cases against nearly twice as many women [22] as against men [12] were heard under PCP. The predominant cause of complaint against women members was a violation of boundaries [10] but in all cases this was teamed with other complaints. Many more women were complained of as mishandling breaks and endings [7-1] abrupt termination of the work being most often complained about.

Q3.4 The nature of complaints under article 4.6

Chart 8 - showing types and distribution of complaints heard under Art. 4.6.

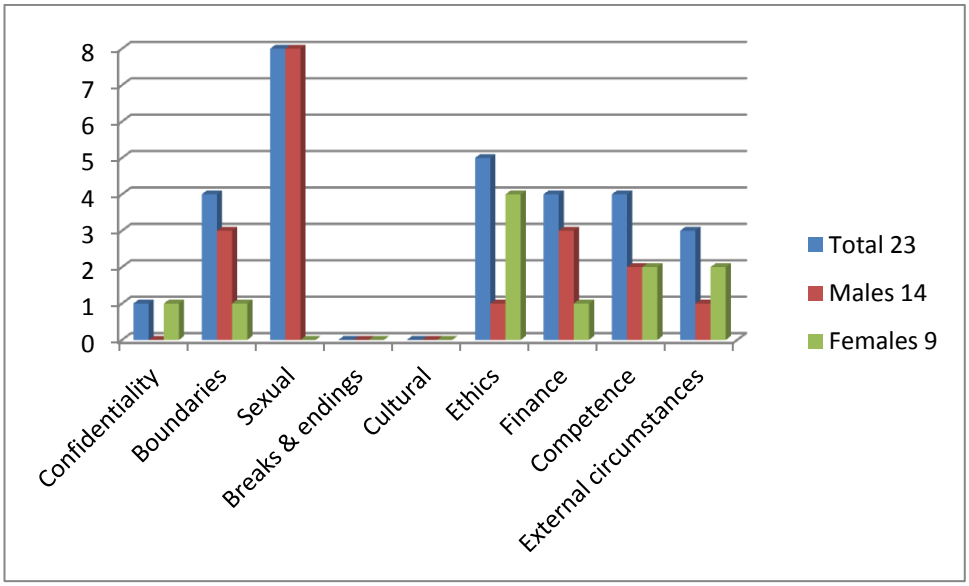


Table 8 showing types and distribution of complaints heard under Article 4.6									
	Confidentiality	Boundaries	Sexual	Breaks & endings	Cultural	Ethics	Finance	Competence	External circumstances
Total 23	1	4	8	0	0	5	4	4	3
Males 14	0	3	8	0	0	1	3	2	1
Females 9	1	1	0	0	0	4	1	2	2

The greatest number of complaints against male members in this section was of a sexual nature – 8 complaints, 35% of all complaints cited under Art 4.6. In most cases there was no indication as to whether the complainant was a man or a woman.

Appendix Q4 UKCP Annual Census

Information requested in section 1 of the census was focused mainly on sources, numbers and outcomes of complaints received. The compilers were also interested in the costs of dealing with a complaint. Section 2 was more about the OMs intentions with regard to publication of details about complaints and the support available for both members and complainants.

Q4.1 Incidence of replies

Table 9A showing the number of replies to the census form over the three years.

Number of replies	Number of organisations
3	28
2	20
1	14
0	12

Of the 74 OMs, 28 sent in 3 returns, while 12 made no rely at all.

Over all there was a 62% rate of return while 16% of OMs made no return at all.

Table 9B showing the number of complaints received by the organisations

Number of complaints recorded	Number of organisations total 74
No reply	12
0	33
1	9
2	10
3	3
4	3
MORE THAN 4	4

Around 53% of those OMs who replied reported having received no complaints during the three years

Table 9C showing the number of complaints received by those 28 OMs who completed the census over each of the three years.

Number of Complaints recorded	Number of organisations total 28	Percentage of organisations
0	12	43%
1	4	14%
2	5	18%
3	2	7%
4	2	7%
More than 4	3	11%

Q4.2 Source of complaints

Table 10 showing the source of complaints over the three years

	Number of complaints	patient	colleague	employe r	3rd party	training	other
Results for those with 3 replies (24 organisations)	56	35	6	0	3	11	1
		62.50%	10.71%	0.00%	5.36%	19.64%	1.79%
Results for all replies	89	47	16	3	8	14	1
		52.8%	18.0%	3.4%	9.0%	15.7%	1.1%

89 complaints in all were listed. 56 came from the OMs making all three returns. Of these 56, 35 [62%] were from patients, 6 from colleagues [10.71%] etc

47 [52.8%] of the 89 complaints came from patients. 'Other' on the form was not defined

Most of the complaints received over these three years were from patients, whether these were lay people is not known, while a few came from colleagues, employers, third party and training complaints. 33 organisations reported having had no complaints, some of never having had a complaint.

Q4.3 Outcome of complaints

Table 11 showing the outcome of complaints during the three years

	no prima case a	resolved informally b	resolved mediation c	dismissed prior to hearing d	rejected at hearing e	upheld at hearing f	appeal to organisation g	appeal to UKCP h	Still in progress i
Results for those with 3 replies (56 complaints)	25	14	5	0	0	1	6	2	6
	44.64%	25.00%	8.93%	0.00%	0.00%	1.79%	10.71%	3.57%	10.71%
Results for all replies (89 complaints)	25	19	9	2	5	3	14	5	25
	28.1%	21.3%	10.1%	2.2%	5.6%	3.4%	15.7%	5.6%	28.1%

Column a shows 25 complaints (44.64% of the number recorded) dismissed as having no basis for complaint. Similarly columns b-i.

Q4.4 Support structures in place within the OMs

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Chart 9 Number of organisations with support mechanisms in place in 2009

OMs were asked as to whether they had any structures in place for the support of either complainants or members

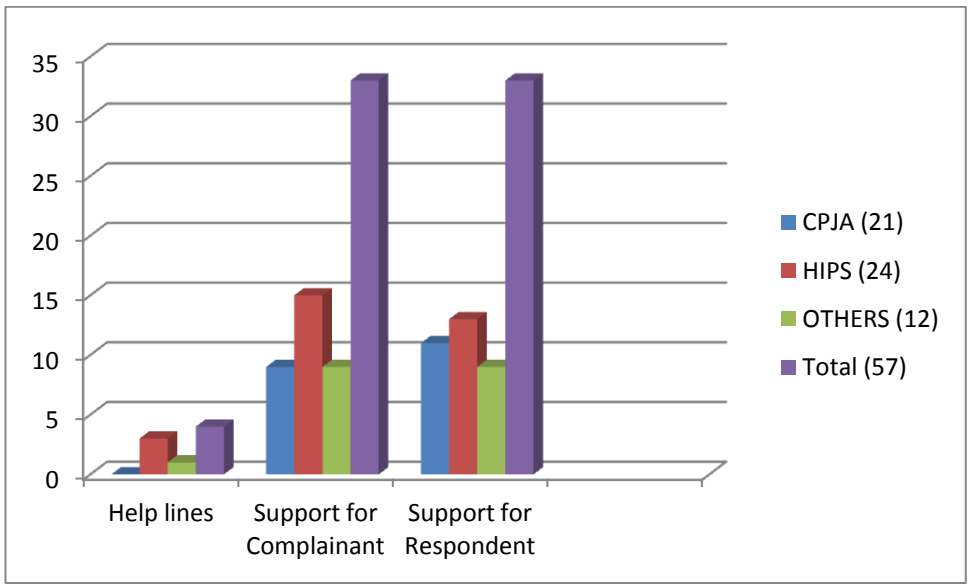
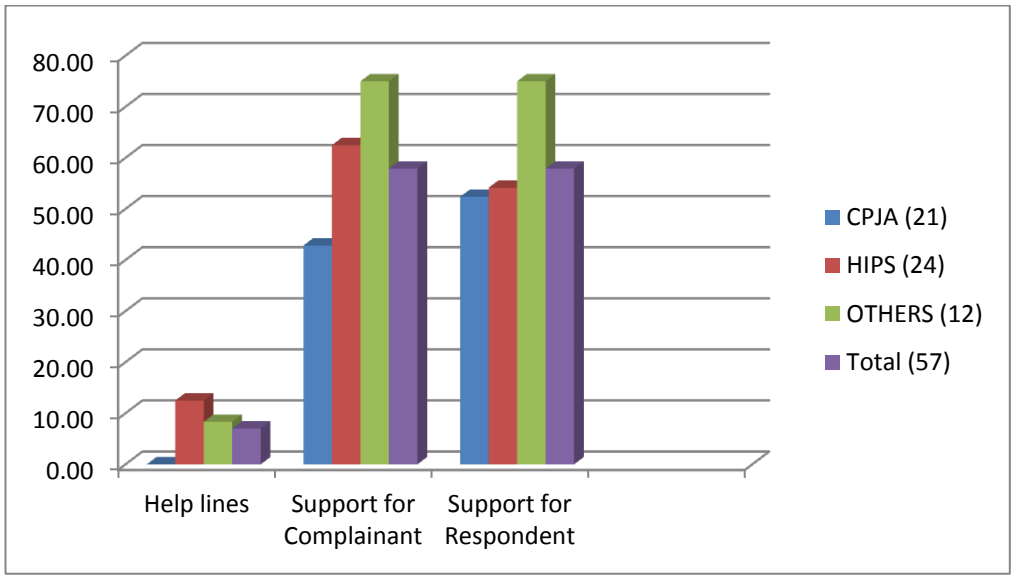


Table 12	Help lines	Support for Complainant	Support for Respondent
CPJA (21)	0	9	11
HIPS (24)	3	15	13
OTHERS (12)	1	9	9
Total (57)	4	33	33
CPJA (21)	0.00%	42.86%	52.38%
HIPS (24)	12.50%	62.50%	54.17%
OTHERS (12)	8.33%	75.00%	75.00%
Total (57)	7.02%	57.89%	57.89%

Chart 10 Percentage of organisations with support mechanisms in place in 2009



Q4.5 Lay Panel Members

Table 13 showing numbers of lay people involved with hearing complaints in 2009

Table 13 Number of organisations with Lay people involved with hearing complaints in 2009			
	Investigations	On Committees	On Panels
CPJA (21)	3	3	8
HIPS (24)	3	6	8
OTHERS (12)	2	2	4
Total (57)	8	11	20

Q4.6 Publishing of reports of complaints

Chart 11 indicating the Publishing Intentions of the 57 organisations who replied to the question

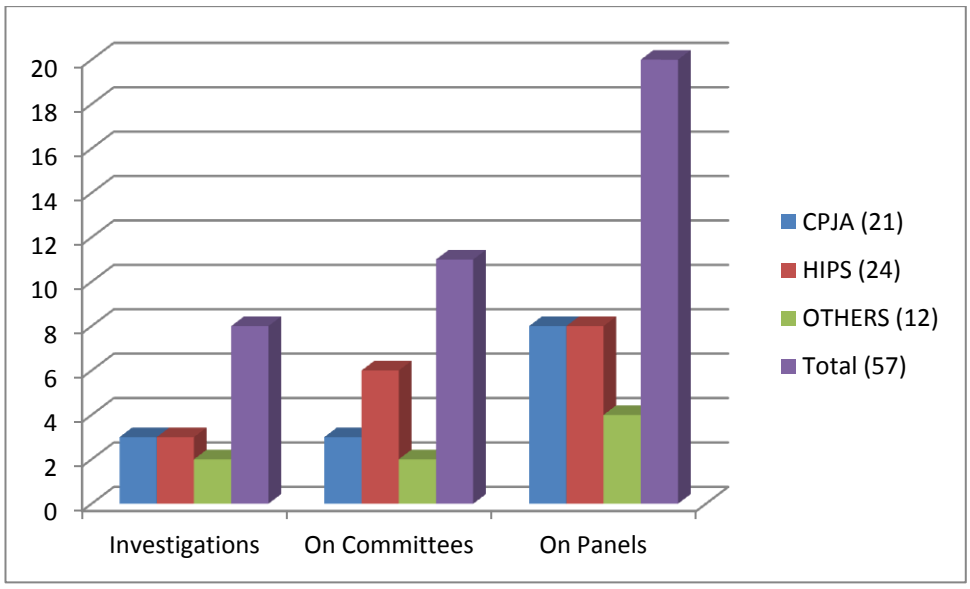


Table 14 Indicating the publishing intentions of the 57 organisations who replied

	Letter of Apology	Additional Period of Supervision	Further Training	Written Warning	Temporary Suspension	Removal from Register	Expulsion from the MO	No Publishing
Newsletter	3	6	5	5	9	16	16	27
Web	2	2	1	2	6	14	14	27

Table 15 Indicating the publishing intentions of the various modalities within UKCP

	Letter of Apology	Additional Period of Supervision	Further Training	Written Warning	Temporary Suspension	Removal from Register	Expulsion from the MO	No Publishing
CPJA	10%	19%	19%	19%	19%	29%	29%	48%
HIPS	4%	4%	4%	0%	13%	33%	33%	50%
Others	17%	17%	8%	8%	33%	67%	75%	42%
Total	9%	12%	11%	9%	19%	39%	40%	47%

Appendix Q.5 The UKCP Professional Conduct Committee.

Q5.1 Number of appeals

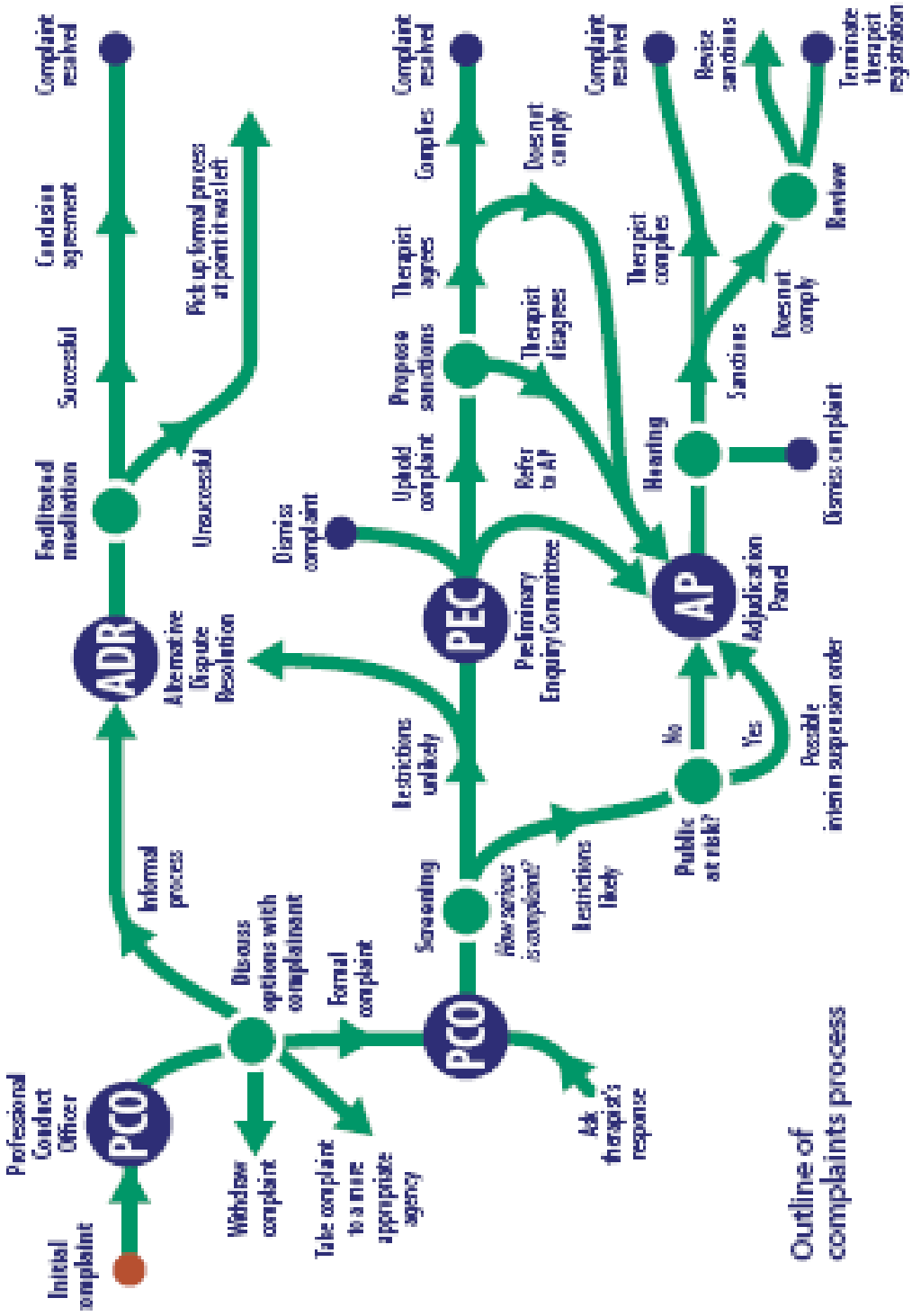
Table showing the number of appeals made to the PCC between September 2008 and January 2011

There were 20 appeals to the PCC

	patients	therapists	3rd party	supervisees
Accepted	3	5	1	
Not-accepted	3	1	2	2
Referred back to OM			2	
Withdrawn	1			

One complaint accepted was resolved by mutual consent, another withdrawn before the appeal was heard.

Q5.2 UKCP Central Complaints Procedure



Appendix Q6 BPC Ethics Committee Annual Report

Between 2004 and 2007 – before the change-over to centrally heard complaints no complaints are recorded as coming from the MIs.

From 2007 the BPC Ethics Committee annual report shows that in:

07/08 there was 1 complaint which was withdrawn,

08/09 there were 8 complaints of which 4 were dismissed and 4 went to a panel, 2 were dismissed, 1 upheld and 2 were said to be still in progress.,

09/10 there were 5 new complaints, all of which went to a hearing panel, and 1 from the previous year [what happened to the other in progress the preceding year is not recorded]. During the year the office and Chair of Ethics dealt with between 30-40 inquiries.

On the BCP website there is notification of withdrawal of membership from 2 members, 1 for sexual offences, no details other than name, location and the reason for the withdrawal of membership. There are no notifications of any sanctions.

The number of complaints is low, but the membership of BPC is only 1,400. In the year 08/09 when the most complaints were received 0.36% of the membership received a complaint while over the three years under review the figure is 0.33%.

Appendix Q7 Health Professions Council HPC

The number of complaints to HPC increased by 37% between the years 2008/2009 and 2009/10. In 2009/2010 31% complaints were from the general public, 33% from employers and 8% from other professions. The highest number of complaints was against paramedics, 1.03%, and psychologists 0.96%. – these are of complaints having recently been moved from BPS,

There was found to be a case to answer in 58% of cases which went on to a full hearing. The percentage has been fairly constant over the years, although it does vary slightly over the different professions.

HPC claim that most complaints where there is no case to answer are dealt with within 1-4 months.

At present there is no process by which complaints can be taken to mediation. Last year I attended the HPC Council meeting, as a UKCP observer, at which the Council was debating whether to accept a model which they had commissioned from Charles Irvine of the University of Strathclyde. The model was for the hearing of complaints which included opportunities for alternative dispute resolution [ADR]. The presenter recommended among other things that HPC appoint a mediation manager to act as champion; that they publicise the scheme widely and adopt some sort of triage system for deciding which cases would be suitable for mediation or other form of ADR.

A number of reservations to such a model were raised by members of the Council. These reservations included:-

cost, - they feared an increase in the number of complaints from people not wanting to make a formal complaint but wanting to be heard,

discomfort about mediation [service] v public protection [conduct]

concerns about transparency – mediation is at least partially confidential - fear of accusations of secrecy

public protection v disquiet about not meeting the complainants needs/wishes.

In spite of reservations many arguments were put forward for a system of ADR and our impression [my colleague's and mine] was that it would be introduced at some point. [I am indebted to my colleague Tom Warnecke's report for prompting my memory of the meeting]

All other details about HPC were taken from the HPC website

Appendix Q8 General Medical Council

Report by the Medical Defence Union MDU on the complaints to the GMC over the years 1990-2001

According to this report the GMC has seen a rise of complaints against doctors of 1450% over the 11 years under review. Complaints have been rising at the rate of about 33% a year, although Dr. Patrick Hoyle, author of the study, makes the point that there is no reason to think that there is a decline in standards in the medical profession, rather that patients are more aware of their rights and are more willing to complain if they are not satisfied with their treatment.

According to Hoyle over 80% were resolved without a hearing and he suggests that perhaps a better system for resolving these complaints would be through the NHS complaints procedure rather than through the GMC.

Over the 11 years the MDU assisted 2678 doctors with complaints. In 1990 36 doctors received help from the MDU for GMC complaints, 2 were found guilty of serious professional misconduct, [0.056%] In the year 2000 there were 452 GMC cases in which 26 doctors were found guilty [0.057%] – a rise in the number of complaints but a similar proportion were found guilty. There is no indication given in the very short report I found as to whether the complaints were against GPs or other members of the medical profession, nor of the gender of those complained about.

. The GMC publish Help for Witnesses, [complainants] on their website, this includes preparations needed before the hearing, giving evidence and procedures to follow after the hearing. There is also a glossary of terms. This publication also states clearly what the GMC can and cannot do. This is something that could with advantage be adopted by psychotherapy organisations for both complainants and respondents as too many participants appear to go into a hearing unaware of the procedure to be followed and therefore quite unprepared.

This report appeared as an article in ‘Doctor and Hospital Doctor’, Jan. 2003 but research at the British Library seemed to indicate that this was an in-house journal and not generally available to the public.

To bring this more up to date an article in the Guardian 30.7.2011 quotes a report from the MDU that states that claims against GPs had risen by 20% between 2009 and 2010 – mostly [60%] through wrong or missed diagnosis. The Medical Protection Society report shows a 50% rise in claims and costs against GPs over the previous three years. More complaints are made to the General Medical Council against GPs than any other doctors, 45% of claims received, although they make up only 25% of all doctors. Standards are said to differ widely across the country. The article was based around government plans to publish information about doctors performance. However as with all these statistics, the questions that do not get answered is whether GP negligence has actually increased to this extent or how much this is also a reflection of a general public more ready to both complain and demand compensation.

Appendix Q9 Higher education- Office of the Independent Adjudicator –OIA

The figures referring to complaints made against universities and quoted below are for the year 2009 and were published in the annual report for the Office of the Independent Adjudicator in June 2010

In 2009 the number of complaints received by the OIA exceeded 1000 for the first time. This constitutes a 12% increase on the previous year and a 37% increase over the last two years. Of the eligible complaints 5% [down from 7% in 2008] were considered justified, 13% [down from 16%] partly justified and 75% [up from 71%] not justified. The decline in cases found justified and partly justified is attributed to an improvement in the handling of cases by the Universities. The complaints received represented 0.05% of University enrolments in England and Wales.

A large majority of the complaints were concerned with complainants feeling that their complaints had not been dealt with in a reasonable time, had not been taken seriously, or that they had not received a fair hearing.

Many of the complaints that were considered justified or partly justified were cases where the University had not followed its own procedures.

Appendix Q10 Insurance

Professional Indemnity Insurance is considered essential for any counsellor or psychotherapist working on a self employed basis. However there seems to be a divergence in what is offered to clients.

Of the insurers I contacted all offer financial cover if the counsellor/therapist is taken to a civil court – a very rare occurrence in this country.

Howden offered to pay up to £750 in respect of costs and expenses in preparing the response to the professional body

All say they will offer legal advice but the advice given seems to vary considerably. Two insurers give quite extensive advice and support. In one situation the interviewee was given help with writing his defence and a member of the company accompanied him to the tribunal. In another case help was offered with writing the defence, but this sort of assistance is not general.

Tower – give a run off cover – for 3 years after retirement

Howden – have a 24 hour legal helpline

Devitt – For a prosecution in a criminal court - if acquitted. Legal expenses cover witness attendance in court; they will help with complaints before any relevant professional body including an employer. Legal advice available 24/7

It is obvious that it is important to shop around before buying public indemnity insurance.

Appendix Q11 UKCP Organisation Members

Council for Psychoanalysis and Jungian Analysis College (29)

Arbours Association ARBS
Association for Group and Individual Psychotherapy AGIP
Association of Independent Psychotherapists AIP
Association of Jungian Analysts AJA
The Bowlby Centre
British Association for Psychoanalytic and Psychodynamic Supervision BAPPS
Cambridge Society for Psychotherapy CSP
Canterbury Consortium of Psychoanalytic and Psychodynamic Psychotherapists CCOPPP
Caspari Foundation CFET
Centre for Freudian Analysis and Research CFAR
Confederation for Analytical Psychology CAP
Forum for Independent Psychotherapists FIP
Foundation for Psychotherapy and Counselling FPC
Group Analysis South West GASW
Guild of Analytical Psychology and Spirituality GAPS
Guild of Psychotherapists GUILD
Hallam Institute of Psychotherapy HIP
Independent Group of Analytical Psychologists IGAP
Institute for Psychotherapy and Disability IPD
Institute of Group Analysis IGA
Institute of Psychotherapy and Social Studies IPSS
Nafsiyat
North West Institute for Dynamic Psychotherapy NWIDP
Philadelphia Association PA
Refugee Therapy Centre RTC
Site for Contemporary Psychoanalysis SITE
South Trent Training in Dynamic Psychotherapy STTDP
West Midlands Institute of Psychotherapy WMIP
WPF Therapy

College of Constructivist Psychotherapies (5)

British Autogenic Society BAS
Neuro Linguistic Psychotherapy Counselling Association NLPtCA
PCP Education and Training (Personal Construct Association) PCP
Society for Existential Analysis SEA
Tara Ropka Therapy Association TRTA

College of Family, Couple and Systemic Therapy (2)

Association for Family Therapy and Systemic Practice AFT
Institute of Family Therapy IFT

College for Sexual and Relationship Therapy (1)

College of Sexual and Relationship Therapies COSRT

Humanistic and Integrative Psychotherapy College (27)

Bath Centre for Psychotherapy and Counselling BCPC
Berne Institute BI
British Psychodrama Association BPA
Cambridge Body Psychotherapy Centre CBPC
Centre for Counselling and Psychotherapy Education CCPE
Centre for Transpersonal Psychology CTP
Chiron Association for Body Psychotherapists CABP
The Gestalt Centre London GCL
Gestalt Psychotherapy and Training Institute GPTI
Institute for Arts in Therapy and Education IATE
Institute of Psychosynthesis IPS
Institute of Transactional Analysis ITA
Karuna Institute KI
London School of Biodynamic Psychotherapy LSBP
Metanoia Institute MET
Minster Centre MC
Northern Guild for Psychotherapy and Counselling NGPC
Psychosynthesis and Education Trust PET
Psychosynthesis and Education Trust PET
Research Society for Process Oriented Psychology UK RSPOPUK
Scarborough Psychotherapy Training Institute ScPTI
School of Psychotherapy and Counselling Psychology at Regents College SPCPRC
Sherwood Psychotherapy Training Institute SPTI
Spectrum SPEC
Temenos TEM
Terapia TER
UK Association of Humanistic Psychology Practitioners UKAHPP

Cognitive Psychotherapies College (0)

College of Hypno-psychotherapy (4)

Awaken School of Outcome Oriented Psychotherapies ASOOP
Beeleaf institute for Contemporary Psychotherapy BICP
National College of Hypnosis and Psychotherapy NCHP
National Register of Hypnotherapists and Psychotherapists NRHP

Universities Training College (1)

Universities Psychotherapy and Counselling Association UPCA

Psychotherapeutic Counselling and Intersubjective Psychotherapy College (6)

Counsellors and Psychotherapists in Primary Care CPC
Matrix College of Counselling and Psychotherapy MCCP
Northern Guild for Psychotherapy and Counselling NGPC
Scarborough Psychotherapy Training Institute ScPTI
UK Association of Humanistic Psychology Practitioners UKAHPP
WPF Therapy